

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010497
STATE FILE NUMBER

FILED MAR 26 1959

Registration District No. 291 Primary Registration District No. 5984 Registrar's No. 14

300
1-57

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elk Township		c. CITY OR TOWN Unionville, R.F. D. 6	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville R. F. D.		d. STREET ADDRESS (If outside, give location) Elk Township	
Length of stay in lb 53 Years		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Flossie F. Dranson			4. DATE OF DEATH Month Day Year March 13, 1959			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 20, 1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 3 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Clay County, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Ed Hudson	13b. MOTHER'S MAIDEN NAME Lizzie Boyd	14. NAME OF HUSBAND OR WIFE Brick Dranson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Brick Dranson R. F. D. No. 6 Unionville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 2 Days 7 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	
	DUE TO (c) 334 X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from March 13/59 to 3/13/59 and last saw her alive on 1:35 PM 3/13/59 Death occurred at 5:40 P. at the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. W. Galum Jr.	22b. ADDRESS Unionville, Missouri	22c. DATE SIGNED 3/14/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/16/59	23c. NAME OF CEMETERY OR CREMATORY Rosa Cemetery	23d. LOCATION (City, town, or county) (State) Putnam County, Missouri
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24. FUNERAL DIRECTOR J. A. Comstock Unionville, Mo.	25. DATE RECD. BY LOCAL REG. 3-20-59	26. REGISTRAR'S SIGNATURE Marvell Durbin
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John N. Comstock*

Licensed Embalmer No. *3891*
P. O. Address *Thriville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.