

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022610

STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 314 Primary Registration District No. Registrar's No. 240

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francis Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bloomsdale		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Hospital		Length of stay in 1b 3 1/2 weeks	d. STREET ADDRESS (If outside, give location) 5 th Star Route		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Benjamin Drury			4. DATE OF DEATH Month Day Year June 17, 1959			
5. SEX Male	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 Jan. 1, 1882	9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Danby, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John T. Drury		13b. MOTHER'S MAIDEN NAME Sarah Richards Cook		14. NAME OF HUSBAND OR WIFE Margarett Stark Drury		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 499-42-0733	17. INFORMANT Address John B. Drury, Bloomsdale, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) inanition and debility DUE TO (c) Cerebrovascular accident					INTERVAL BETWEEN ONSET AND DEATH- 4 weeks	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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	
21. I attended the deceased from April 15-59, to June 17-59 and last saw her alive on June 19th-59 Death occurred at Mineral Area Hosp. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Stanley N. Glid. D.O. 2		22b. ADDRESS 11155 P.M. 670 Rogers St. Jefferson Co. Mo.		22c. DATE SIGNED 6/20-1959		
23a. BURIAL, CREMATION, REMOVAL Burial	23b. DATE June 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Danby Cemetery		23d. LOCATION (City, town, or county) Jefferson County, Mo.	(State) 1959	
24. FUNERAL DIRECTOR Vinyard Funeral Home, Festus, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. June 22, 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff	

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 *Donald H. Vinyard*

Licensed Embalmer No. *4600*
P. O. Address *Leota, 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.