

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011554

FILED VS APR 12 1960

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 32

ENDED

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST FRANCIS</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Plattin Vette</u>		Length of stay in 1b ---		c. CITY OR TOWN <u>BONNE TERRE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hy 67</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>805 ROE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle Last <u>DRAB</u>				4. DATE OF DEATH Month <u>APR</u> Day <u>3</u> Year <u>1960</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 31, 1936</u>		9. AGE (last birthday) <u>23</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICAL</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>EMERSON ELEA</u>		11. BIRTHPLACE (City and state or country) <u>ST FRANCIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOE DRAB SR</u>			13b. MOTHER'S MAIDEN NAME <u>LORANE W M P L E R</u>			14. NAME OF HUSBAND OR WIFE <u>KATHERINE DRAB</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES KOREAN</u>		16. SOCIAL SECURITY NO. <u>496-38-9203</u>		17. INFORMANT <u>JOE DRAB</u>		Address <u>805 ROE BONNE TERRE MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Fractures</u>								INTERVAL BETWEEN ONSET AND DEATH ---	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Auto - Truck collision.</u>					
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway.</u>		20f. CITY, TOWN, OR LOCATION <u>Plattin Twp. Jeff.</u>		COUNTY <u>MO</u>		STATE	
21. I attended the deceased from <u>view.</u> to <u>5:45</u> and last saw her alive on <u>4</u> and the best of my knowledge, from the causes stated. Death occurred at <u>8</u> a.m. on the date stated above,									
22a. SIGNATURE (Degree or title) <u>James C. Fester, M.D.</u>				22b. ADDRESS <u>Festa, Mo.</u>				22c. DATE SIGNED <u>4/4/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-6-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST JOSEPH</u>		23d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>			
24. FUNERAL DIRECTOR <u>Boyer & Son</u>				ADDRESS <u>Bonne Terre, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-6-1960</u>		26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 20 1960

APR 22 1960

APR 15 1960

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 BURLIN T. BOYER, JR., Student Embalmer No. 599 working under my personal supervision.

Student Burlin T. Boyer, Jr.
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 366

P. O. Address Wesley

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.