

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015840

FILED VS MAY 3 1960 156

Registration District No. \_\_\_\_\_ Primary Registration District No. 2001 Registrar's No. 203

STATE FILE NUMBER

|  |   |  |   |                                  |  |
|--|---|--|---|----------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jasper |                                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin   |   | Length of stay in 1b 9 wks   | c. CITY OR TOWN Diamond   |                                  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS R. R. #1, 3 mi. West  |                                  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last PATRICIA LYNN DRAKE  |   |  | 4. DATE OF DEATH Month Day Year April 23, 1960  |                                  |  |
| 5. SEX Female  | 6. COLOR OR RACE White  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-17-1960  | 9. AGE (last birthday) 2         | IF UNDER 1 YEAR Months 2 Days 4 Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) Joplin, Missouri   | 12. CITIZEN OF WHAT COUNTRY USA  |  |
| 13a. FATHER'S NAME Charles L. Drake  |   | 13b. MOTHER'S MAIDEN NAME Donna D. Hood  |   | 14. NAME OF HUSBAND OR WIFE None |  |
| 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 Charles Drake, R.R.#1, Diamond, Mo. Address   |                                  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>chemical peritonitis (bile)</i><br>DUE TO (b) <i>congenital obstruction of bile ducts from birth</i><br>DUE TO (c) <i>intestine obstruction</i><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |   |                                  | INTERVAL BETWEEN ONSET AND DEATH 48 hours<br>45 days                               |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)   |   |                                  |  |
| 20c. TIME OF INJURY Hour Month, Day, Year  |   |  |   |                                  |  |
| 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                            |  |
| 21. I attended the deceased from <i>birth 17 Feb 60</i> to <i>23 Apr 60</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>23 Apr 60</i> . Death occurred at <i>5:34</i> <sub>A</sub> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |   |                                  |  |
| 22a. SIGNATURE (Degree or title) <i>Katherine Kiehl, MD</i>  |   |  | 22b. ADDRESS <i>Miner Park bld Joplin</i>   |                                  | 22c. DATE SIGNED <i>23 Apr 60</i>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial   | 23b. DATE 4-25-60   | 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Cem.  | 23d. LOCATION (City, town, or county) Joplin, Missouri  | 23e. (State)                     |  |
| 24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.  |   | 25. DATE RECD. BY LOCAL REG. 4-26-1960   | 26. REGISTRAR'S SIGNATURE <i>Dovee Merriam</i>  |                                  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.