

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025581
STATE FILE NUMBER

FILED VS JUN 21 1960

360

Registration District No. Primary Registration District No. 6225

Registrar's No. 126

INDEXED

1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell				
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington Township		Length of stay in 1b 23 days		c. CITY OR TOWN West Plains		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 925 Washington St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Walter Drumright				First Middle Last		4. DATE OF DEATH June 3 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/14/1881	9. AGE (last birthday) 79 years	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common laborer			10b. KIND OF BUSINESS OR INDUSTRY UNK		11. BIRTHPLACE (City and state or country) West Plains, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME William Drumright			13b. MOTHER'S MAIDEN NAME Jane Turnbull			14. NAME OF HUSBAND OR WIFE Ella Drumright		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, UNK , or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. UNK		17. INFORMANT Address Records State Hospital #3 Nevada, 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) BRONCHOPNEUMONIA							INTERVAL BETWEEN ONSET AND DEATH Several days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) GENERALIZED ARTERIOSCLEROSIS					Several years	
		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 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 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
21. I attended the deceased from May 11, 1960 to June 3, 1960 and last saw ^{her} him alive on June 3, 1960 Death occurred at 5:40 a. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Fred W. Wright M.D.				22b. ADDRESS State Hosp #3 Nevada, Mo			22c. DATE SIGNED 6/3/1960	
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE 6-3-60	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn		23d. LOCATION (City, town, or county) (State) West Plains, Mo			
24. FUNERAL DIRECTOR Roberts			ADDRESS West Plains, Mo		25. DATE RECD. BY LOCAL REG. 6-18-1960		26. REGISTRAR'S SIGNATURE Anna & Jerry	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 22 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Anglin Ferry

Licensed Embalmer No. 4966

P. O. Address Monaca, C

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.