

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048962

STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 6095 Registrar's No. 16

FILED APR 9 1961

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|--|---|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Schuyler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u> | | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Downing, Fabius Twp.</u> | | Length of stay in 1b <u>Most of life</u> | | c. CITY OR TOWN <u>Downing</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle <u>Averil</u> Last <u>Drake</u> | | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>26</u> Year <u>1960</u> | | | |
| 5. SEX <u>Female</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>9-27-1908</u> | 9. AGE (last birthday) <u>57</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Davis Co., Iowa</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Joseph Sleeth</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lucinda Neil</u> | | 14. NAME OF HUSBAND OR WIFE <u>James Lewis Drake</u> | | |
| 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. | | 17. INFORMANT Address <u>Hewitt Drake, Downing, 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>Metastatic Carcinoma</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u> | |
| 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 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 _____ a.m. _____ p.m. 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 <u>Dec 18</u> to <u>Dec 26</u> and last saw her live on <u>Dec 26</u> Death occurred at <u>9:30 P M</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>L. E. Lowe Do</u> | | | | 22b. ADDRESS <u>Memphis Mo</u> | | 22c. DATE SIGNED <u>12-27-60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Dec. 28, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Downing Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Downing Mo.</u> | | 23e. STATE | |
| 24. FUNERAL DIRECTOR <u>Moore Funeral Home, Downing, Mo.</u> | | | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>3-30-61</u> | 26. REGISTRAR'S SIGNATURE <u>Perry M. Slacy</u> | | |

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 Neal Payne
Licensed Embalmer No. 2550
P. O. Address Memphis

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