

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000936
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 110B

AMENDED

FILED VS FEB 14 1961

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 1 day	c. CITY OR TOWN Reeds Spring Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE C. DRAGOO			4. DATE OF DEATH Month Day Year January 27 1961
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 April 1, 1904
9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automotive Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Highway Dept	11. BIRTHPLACE (City and state or country) Nebraska
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William H. Drago	
13b. MOTHER'S MAIDEN NAME Anna Thieman		14. NAME OF HUSBAND OR WIFE Gwendolyn Drago	
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. Unknown	17. INFORMANT Mrs Gwendolyn Drago, Reeds Spring, 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) Rupture - diac artery			INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rupture caused by instrumentation at time of surgery			
DUE TO (c) for Herniated intervertebral disc			
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 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 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 JAN 24, 1961 JAN-27-61 and last saw her/him JAN-27-61 Death occurred at 3:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Springfield Mo.	22c. DATE SIGNED 9 Feb 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan 28, 1961	23c. NAME OF CEMETERY OR CREMATORY Unknown	23d. LOCATION (City, town, or county) St Joseph, Missouri
24. FUNERAL DIRECTOR Jewell E. Windle Funeral Home, Springfield, Mo	25. DATE RECD. BY LOCAL REG. 2-10-61	26. REGISTRAR'S SIGNATURE [Signature]	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 Ruptured caused by instrumentation at time of surgery for herniated intervertebral disc
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 Ruptured caused by instrumentation at time of surgery for herniated intervertebral disc
 BY AFFIDAVIT of attending physician
 ITEM NO. 18bc

1961 11

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield,

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.