

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012482

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 85

STATE FILE NUMBER

FILED MAY 2 1961

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in lb moments	c. CITY OR TOWN Centralia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 416 South Jenkins Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Silas Drace			4. DATE OF DEATH Month Day Year April 26 1961
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 28 '73
9. AGE (last birthday) 87		IF UNDER 1 YEAR Months 3 Days 28	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster		10b. KIND OF BUSINESS OR INDUSTRY Gov't	11. BIRTHPLACE (City and state or country) Franklin County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Dr. W.T. Drace	
13b. MOTHER'S MAIDEN NAME Frances Childs		14. NAME OF HUSBAND OR WIFE Katherine Drace	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Katherine Drace, Centralia 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) Pulmonary thromboses			INTERVAL BETWEEN ONSET AND DEATH 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease with right heart failure			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 7-29-54 to 4-26-61 and last saw ^{her} him ^{live} on 4-26-61 Death occurred at 2:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert L. Ward, M.D.		22b. ADDRESS Centralia, Missouri	22c. DATE SIGNED 4-27-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 28, '61	23c. NAME OF CEMETERY OR CREMATORY Centralia	23d. LOCATION (City, town, or county) (State) Centralia, Mo.
24. FUNERAL DIRECTOR ADDRESS Chas. G. Meador, Centralia, Missouri		25. DATE RECD. BY LOCAL REG. April 28, 1961	26. REGISTRAR'S SIGNATURE Blanche Neely

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 10 1961

MAY 2 1961

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 Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, WA

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.