MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-006093
STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 52

FILED MAR 5 1962

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington, Mo. — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Francis Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Franklin
c. CITY OR TOWN Berger, Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Main Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CLARA Middle EUGENE Last DRURY
4. DATE OF DEATH: Month Feb. Day 23 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 30, 1892
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months 6 Days 23 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): DoRun Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John DeGrant
13b. MOTHER'S MAIDEN NAME: Sarah DeGrant
14. NAME OF HUSBAND OR WIFE: -------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Rodger Drury Address: Berger RFD Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 2 days
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): Hypertension
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 4-13-57, to 2-23-62 and last saw her alive on 2-23-62
Death occurred at 4:28PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carver T. Shaw MD
22b. ADDRESS: Hermann, Missouri
22c. DATE SIGNED: 2-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-26-1962
23c. NAME OF CEMETERY OR CREMATORY: St. Johns E&R Cem
23d. LOCATION (City, town, or county) (State): Berger, Mo.

24. FUNERAL DIRECTOR: Paul H Blumer ADDRESS: Berger, Mo.
25. DATE RECD. BY LOCAL REG.: 2/28/62
26. REGISTRAR'S SIGNATURE: Leola C. Friedmann

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1962

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann Mo

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.