

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029983  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 31 Primary Registration District No. 5108 Registrar's No. 24

**FILED AUG 20 1962**

1. PLACE OF DEATH  
a. COUNTY **BENTON**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MO.** b. COUNTY **MONITEAU**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **WILLIAMS** Length of stay in 1b **7 weeks**

c. CITY OR TOWN **CLARKSBURG** Inside Limits Yes  No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **5 1/2 mi. N.W. Cole CAMP, MO.** Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) **CLARKSBURG** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **WILLIAM FREEMAN DRAFFEN** 4. DATE OF DEATH Month Day Year **AUG. 13 1962**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **2-13-1884** 9. AGE (last birthday) **78** 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) **STREET CAR OPERATOR** 10b. KIND OF BUSINESS OR INDUSTRY **PUBLIC SERVICE** 11. BIRTHPLACE (City and state or country) **BUNCEYTON, MO.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **WILLIAM E. DRAFFEN** 13b. MOTHER'S MAIDEN NAME **FLORENCE LONG** 14. NAME OF HUSBAND OR WIFE **DIVORCED**

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. [redacted] 17. INFORMANT Address **MRS IRA ARNOLD Cole CAMP, MO. RT 1**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Medullary prolapisis**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cerebral anoxia**  
DUE TO (c) **Concussion of jaw & metastasis**  
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.  
 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 **6-27-62** to **8-13-62** and last saw <sup>her</sup>him alive on **8-13-62**  
Death occurred at **7:20 p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John L. Detamso.** 22b. ADDRESS **Cole Camp, Mo** 22c. DATE SIGNED **8-14-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **AUG. 16, 1962** 23c. NAME OF CEMETERY OR CREMATORY **CLARKSBURG CEMETERY** 23d. LOCATION (City, town, or county) (State) **CLARKSBURG MO.**

24. FUNERAL DIRECTOR ADDRESS **SEWELL E. RICHARDS TIPTON, MO.** 25. DATE RECD. BY LOCAL REG. **Aug 10 1962** 26. REGISTRAR'S SIGNATURE **E J Eckhoff**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
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USE BLACK INK OR TYPEWRITER RIBBON

AUG 20 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles F Fox

Licensed Embalmer No. 4610

P. O. Address POLO CAMP, 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.