MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046861

STATE FILE NUMBER

FILED JAN 7 1963

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6490

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 3508
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4 0
5 1
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7 1
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9 4200
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12 86-0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 50 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3215 CAMPBELL STREET NEWBERRY NURSING HOME — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 801 EAST ARMOUR BLVD. — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First WILLIAM Middle W Last DRAKE

4. DATE OF DEATH: Month DECEMBER Day 18 Year 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/30/75
9. AGE (last birthday): 87 — 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): SALESMAN -MEN'S SUITS
10b. KIND OF BUSINESS OR INDUSTRY: ROTHSCHILD'S
11. BIRTHPLACE (City and state or country): CANTON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: JOE DRAKE
13b. MOTHER'S MAIDEN NAME: UNKNOWN HAMILL
14. NAME OF HUSBAND OR WIFE: OCIE L. DRAKE

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.:
17. INFORMANT: MRS. OCIE L. DRAKE Address: 801 EAST ARMOUR KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction
DUE TO (b): Arteriosclerotic Heart
DUE TO (c):

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

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

MEDICAL CERTIFICATION

21. I attended the deceased from 1956, to 12-18-1962 and last saw him alive on 11-29-62
Death occurred at 10:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John B. Justus (Degree or title): John B. Justus
22b. ADDRESS: 4620 Nichols Pkwy Kc, Mo
22c. DATE SIGNED: 12-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: DEC. 20, '62
23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D.W.NEWCOMER'S SONS ADDRESS: 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 12-20-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Bahan Funeral
415 Plaza Parkway Bldg.
2:30 - 4:00

4680 J.C. Nichols Parkway

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 Harold D. Reich

Licensed Embalmer No. 4998

P. O. Address K.C., 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.