

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2226

FILED JUL 16 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City	Length of stay in lb 31 YRS	c. CITY OR TOWN KANSAS City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hosp	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4604 Bell	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
			EMORY	VERNE	DRURY	JUNE	22	1962	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR		
Male	White		MAR 30-1904	58	Months	Days	Hours	Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
PAINTER	Cowie Electric	Clearwater, KAN	U. S. A.

13a. FATHER'S NAME <i>Alva H. Drury</i>	13b. MOTHER'S MAIDEN NAME <i>A. Imira Parker</i>	14. NAME OF HUSBAND OR WIFE <i>Nellie E. Drury</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT

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. 486-05-7515

17. INFORMANT Nellie F. Drury Address 4604 Bell K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute uremia	6/1/62
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (b)	1960
	DUE TO (c)	1960

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Ruptured ulcer to hemorrhage

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

CERTIFICATE	<p>19. WAS AUTOPSY PERFORMED?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT SUICIDE HOMICIDE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>
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20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year	
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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
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21. I attended the deceased from June 2, 1960 to June 23, 1962 and last saw ^{him} ~~her~~ alive on June 21, 1962.
Death occurred at 12:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>L. G. Williams</u> (degree or title)	22b. ADDRESS <u>1103 Grand Avenue</u>	22c. DATE SIGNED <u>6/22/92</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	June 24-1962	Clearwater	Clearwater KANSAS

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Atcs. 1901 Olathe Blvd.	KANSAS CITY, MO.	6-22-62	Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

**USE BLACK INK
OR
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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

Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

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.

Style R. Willits
Prof Bldg U.2-1919