

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15514

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>359-A</u>	
1. PLACE OF DEATH a. COUNTY <u>Breene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Taney</u>			
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Fairfax mo</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Water Nursing Home</u>				d. STREET ADDRESS (if rural, give location) <u>city</u>			
5. NAME OF DECEASED (Type or Print) <u>HENRY</u>		a. (First) <u>H.</u>		b. (Middle) <u>D.</u>		c. (Last) <u>Draft</u>	
4. DATE OF DEATH <u>Apr. 22, 1949</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 16, 1872</u>		9. AGE (in years last birthday) <u>77</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		11. BIRTHPLACE (State or foreign country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electric</u>					
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Larry Draft</u> ADDRESS <u>Hennard, Ind</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>As thought to have been beaten up & robbed.</u> DUE TO (b) <u>Cerebral hemorrhage (old)</u> DUE TO (c) <u>Senile changes</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6983X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>V.S. #18</u>			
22. I hereby certify that I attended the deceased from <u>Feb. 2 days, 1949</u> , to <u>4-22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>49</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. Arnett</u>				23b. ADDRESS <u>311 S. O. Springfield Mo</u>		23c. DATE SIGNED <u>5-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Snapp Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fairfax mo</u>	
DATE REC'D BY LOCAL REG. <u>5-7-49</u>		REGISTRAR'S SIGNATURE <u>M. H. Dudley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fairfax Funeral Home, Fairfax mo</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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. 307

working under my personal supervision.

Student Walter S. Cobb
Student Embalmer

Signed Minnie L. Wheelchel

Licensed Embalmer No. 2277

P. O. Address Branson 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 this body is not embalmed, fact should be so stated above.