

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20543

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4419 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dearborn</b> <i>Green</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dearborn</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>XX</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lucy</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Drais</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 28 49</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>August 20, 1862</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (State or foreign country) <b>Camden Point, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>J. B. Duncan</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy B. Baker</b>	14. NAME OF HUSBAND OR WIFE <b>Alonza Drais</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James A. Drais</b>	ADDRESS <b>St. Joseph, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myo Carditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>
	*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hemiplegia</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>1222</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>P</b>
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22. I hereby certify that I attended the deceased from **Jan 1948**, to **May 28, 1949**, that I last saw the deceased alive on **May 28, 1949**, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>MAV Moore MD</b> (Degree or title)	23b. ADDRESS <b>Dearborn Mo</b>	23c. DATE SIGNED <b>May 29-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 30, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Camden Point Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Platte Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>May 29-49</b>	REGISTRAR'S SIGNATURE <b>Alphia Rallim</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Vaughn-Aufranc</b>	ADDRESS <b>Dearborn, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 17

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-17-49

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 \_\_\_\_\_  
Student Embalmer

Signed

*W. R. Vaughn*

Licensed Embalmer No. 4023

P. O. Address Winston, 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.