

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26543

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

BIRTH NO. REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dunklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Malden</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Malden</i>	
c. LENGTH OF STAY (In this place) <i>13 yrs.</i>		35	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>EMMA</i> b. (Middle) c. (Last) <i>Draper</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 11 1949</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>October 8, 1898</i>	9. AGE (In years last birthday) <i>50</i>	10. UNDER 1 YEAR <i>10</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Matthews, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>					

13a. FATHER'S NAME <i>Leroy Buckman</i>		13b. MOTHER'S MAIDEN NAME <i>Lena Shelton</i>		14. NAME OF HUSBAND OR WIFE <i>J. J. Draper</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>J. J. Draper</i>	
				ADDRESS <i>Malden Mo.</i>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>30 hrs</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <i>Sclerosis of <sup>Brain</sup> <del>arteries</del></i>		<i>56 yrs</i>	
		DUE TO (c) <i>General Edema</i>		<i>331 X</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *July 1, 1942* to *Aug 11, 1949*, that I last saw the deceased alive on *Aug 11, 1949*, and that death occurred at *11:40 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>S. C. Mitchell M.D.</i>		23b. ADDRESS <i>Malden Mo</i>		23c. DATE SIGNED <i>8-18-49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug. 14, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>	
				24d. LOCATION (City, town, or county) (State) <i>Malden Missouri</i>	

DATE REC'D BY LOCAL REG. <i>Aug 19, 1949</i>		REGISTRAR'S SIGNATURE <i>J. D. Schuman</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Leland Funeral Home</i>	
				ADDRESS <i>Camden, Mo</i>	

RECEIVED AUG 22 1949

District Health Office No. 2

District File Number 849-847

Date Filed \_\_\_\_\_

**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.

Signed Christina M. Landers

Signed.....  
Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.