

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37226
Registrar's No. 4787

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte 094	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 14	
c. LENGTH OF STAY (in this place) 8-19-49-11-8-49		d. STREET ADDRESS (If rural, give location) 1234 Kansas Ave. 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print) Roy Lee Drake			4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1949		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male C	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1901	9. AGE (In years last birthday) 48 years	10. IF UNDER 1 YEAR Days	11. IF UNDER 24 HRS. Hours	12. IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10b. KIND OF BUSINESS OR INDUSTRY Rodney Milling Co.		11. BIRTHPLACE (State or foreign country) Warrensburg Mo.		12. CITIZEN OF WHAT COUNTRY? United States	
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13a. FATHER'S NAME James Drake		13b. MOTHER'S MAIDEN NAME Emily Bernard		14. NAME OF HUSBAND OR WIFE Mrs. Eunice Fern Drake	
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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. 510-03-7490		17. INFORMANT'S SIGNATURE OR NAME Mrs. Velma D. Lamb		ADDRESS 1248 Kansas Ave.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure 2 days		ANTECEDENT CAUSES DUE TO (b) Superior mesenteric thrombosis					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5702				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 19 Sept, 1949, to 8 Nov, 1949, that I last saw the deceased alive on 7 Nov, 1949, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. G. Neighbor M D (Degree or title)		23b. ADDRESS 3119 Strong K.C. Mo.		23c. DATE SIGNED 9 Nov 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/12/49		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.	
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DATE REC'D BY LOCAL REG. 11-11-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Echlernach FUNERAL HOME 1900 Central Ave. Kansas City 2, Kansas	
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(Licensed Embalmer's Statement on Reverse Side)

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

