No. 300
10-48

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14483 3883

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 7 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Taylorville
d. STREET ADDRESS (If rural, give location)

8120
8

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Drone

4. DATE OF DEATH (Month) (Day) (Year) 4 - 26 - 50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married.
8. DATE OF BIRTH 12-18-1916
9. AGE (In years last birthday) 33 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sprayer
10b. KIND OF BUSINESS OR INDUSTRY Paper mill
11. BIRTHPLACE (State or foreign country) Taylorville Ill
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Harry Day
13b. MOTHER'S MAIDEN NAME Minnie Alexander.
14. NAME OF HUSBAND OR WIFE William

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 332-14-3441
17. INFORMANT'S SIGNATURE OR NAME Wm Drone Taylorville ADDRESS Ill

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Surgical Shock; while undergoing operation on Cervical vertebrae at St John's Hospital on April 26 1950 about 1245 pm

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 733X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1245 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm Perry Deputy Coron
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 4/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4-28-50
24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery
24d. LOCATION (City, town, or county) Taylorville (State) Ill

DATE REC'D BY LOCAL REG. APR 28 1950
REGISTRAR'S SIGNATURE J. B. Scooter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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3883

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address Ottumwa, Io. 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.