

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27326

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <i>Jefferson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jefferson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Joschim</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Crystal City</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>401 Taylor Ave. 16501</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Elsie</i> b. (Middle) _____ c. (Last) <i>Drury</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 31-1950</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>July 17-1893</i>		9. AGE (In years last birthday) <i>57</i> IF UNDER 1 YEAR Days <i>0</i> IF UNDER 24 HRS. Min. <i>14</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Shoe</i>	11. BIRTHPLACE (State or foreign country) <i>Bloomdale Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Francis Drury</i>	13b. MOTHER'S MAIDEN NAME <i>Matilda C. LaRoe</i>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or date of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>494-07-248</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Jasper Drury</i> ADDRESS <i>Crystal City Mo.</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Not Known</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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) (Minute)	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 *June 17, 1950* to *July 31, 1950*, that I last saw the deceased alive on *July 30, 1950*, and that death occurred at *11:38 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>De Summerford MD</i> (Degree or title)	23b. ADDRESS <i>Crystal City Mo.</i>	23c. DATE SIGNED <i>Aug 2/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Aug 3-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Festus Catholic Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Crystal City Mo.</i>
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DATE REC'D BY LOCAL REG. <i>8-18-50</i>	REGISTRAR'S SIGNATURE <i>Eleanor Vance</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H.S. Vinyard</i> ADDRESS <i>Festus Mo.</i>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

500

DATE RECEIVED 8-22-50  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

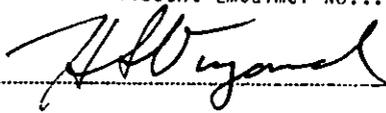
STATEMENT BY LICENSED EMBALMER

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. ....

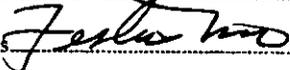
Signed \_\_\_\_\_



Signed.....  
Student Embalmer

Licensed Embalmer No. 3010

P. O. Address \_\_\_\_\_



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.

SEP 6 1950

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