

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

809

State File No. _____

FILED JAN 9 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Greene	
b. CITY OR TOWN Springfield		c. CITY OR TOWN Springfield		6396	
c. LENGTH OF STAY (in this place) 64 days		d. STREET ADDRESS 315 E. Turner		U	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Wess	b. (Middle) F.	c. (Last) Drake	(Month) January	(Day) 3,	(Year) 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1920	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Aide	10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) Greenwood, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lela 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) yes WW II	16. SOCIAL SECURITY NO. 500 01 4462	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records, Springfield, Mo.	ADDRESS
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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) Peritonitis, generalized, sub-acute, with multiple intra-abdominal abscesses.		DUE TO (b) Appendectomy and resection of ileum for Meckel's diverticulum.			532x
*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 Meckel's diverticulum of ileum.	19b. MAJOR FINDINGS OF OPERATION 1. 11-1-50, Acute appendicitis and 2. 11-29-50, Generalized peritonitis and	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) multiple intra-abdominal abscesses.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) multiple intra-abdominal abscesses.	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 October 31, 1950, to January 3, 1951, and that death occurred at 12:55 am., from the causes and on the date stated above.

23a. SIGNATURE PAUL L. EISELE, M.D.	Chief, (Degree or title)	23b. ADDRESS VA Hospital, Springfield, Mo.	23c. DATE SIGNED Jan. 3, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 3, 1950	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 1-5-51	REGISTRAR'S SIGNATURE W E Handley	25. FUNERAL DIRECTOR'S SIGNATURE Alma Lehman	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0396

FEB 23 1957

MAR 5

1957

AUG 21 1957

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 Bernard F Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 429B

P. O. Address Springfield, 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.