

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH12547
State File No. 1551

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____									
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Montgomery</u>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cherryvale</u> <u>8150</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>C.</u>		c. (Last) <u>Drotts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1951</u>								
5. SEX <u>Ma</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-6-1882</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Days		11. IF UNDER 2 HRS. Hours		12. IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>District Mgr.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>1 Mi. Parker Co.</u>		11. BIRTHPLACE (State or foreign country): <u>Rooks County, Kansas</u>				12. CITIZEN OF WHAT COUNTRY: <u>U. S. A.</u>					
13a. FATHER'S NAME <u>August E. Drotta</u>				13b. MOTHER'S MAIDEN NAME <u>Ellen J. Clamphet</u>				14. NAME OF HUSBAND OR WIFE <u>Mabel Drotts</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Raymond E. Drotts, Cherryvale, Kans.</u>									
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.		(a) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumococcus meningitis</u> ANTECEDENT CAUSES (b) <u>lobar pneumonia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumococcus pneumonia</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 days.</u> <u>490</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)		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 <u>April 8, 1951</u> , to <u>April 9, 1951</u> , that I last saw the deceased alive on <u>April 9, 1951</u> , and that death occurred at <u>7:50 p. m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>William F. Sanders</u> (Degree or title) <u>MDU</u>								23b. ADDRESS <u>110 3rd, X-C. Mo</u>				23c. DATE SIGNED <u>April 9, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cherryvale Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Cherryvale, Kansas</u>							
DATE REC'D BY LOCAL REG. <u>4-10-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmer</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Wagner, K. C. Mo</u>									

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed Alvin R. Haunsche

Licensed Embalmer No. 4659

P. O. Address R. C. 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.