

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **109**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Town Mexico		c. CITY (If outside corporate limits, write RURAL and give township) Vandalia	
c. LENGTH OF STAY (In this place) 4 hrs.		d. STREET ADDRESS (If rural, give location) 209 E. WASHINGTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			
3. NAME OF DECEASED a. (First) Norman b. (Middle) Eugene c. (Last) Drainger		4. DATE OF DEATH (Month) (Day) (Year) July 21 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 18 1928
9. AGE (In years last birthday) 22	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY CLAY	11. BIRTHPLACE (State or foreign country) FIELDON ILL
13a. FATHER'S NAME VICTOR C. DRAINER		13b. MOTHER'S MAIDEN NAME HAZEL HETZEL	
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. 328-22-9150	
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.		14. NAME OF HUSBAND OR WIFE PATSY ANN DRAINER	
17. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carmin's Case with injury. The deceased ANTECEDENT CAUSES (b) was accidentally injured in work of a Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Clay truck. Caused by a blow out		12. CITIZEN OF WHAT COUNTRY? U.S.	
19a. DATE OF OPERATION July 21 1951		19b. MAJOR FINDINGS OF OPERATION Concussion of brain, subdural bloody flow. Crushed chest. Fractures of left leg.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 74 & 54	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 21 1951 9 a.m.		21c. (CITY, TOWN, OR TOWNSHIP) 004 (COUNTY) W (STATE) MO 1/2 mi. North of Laddonia, Mo.	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Clay Truck wreck. Blown casing	
22. I hereby certify that I attended the deceased from by Dr. J. H. Kelley, Mexico, Mo. , that I last saw the deceased on July 21st, 1951 , and that death occurred at 11:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. C. Adams, M.D. Coroner		23b. ADDRESS Mexico, Mo	
23c. DATE SIGNED 7-21-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-21-51	
24c. NAME OF CEMETERY OR CREMATORY VANDALIA Cem.		24d. LOCATION (City, town, or county) (State) VANDALIA, MO	
DATE REC'D BY LOCAL REG. July 23 1951		REGISTRAR'S SIGNATURE Blanche Neely	
		FUNERAL DIRECTOR'S SIGNATURE R.S. WATERS	
		ADDRESS VANDALIA, MO	

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

043

AUG 25 1951

AUG 17 1951

Date Received: JUL 30 1951

DISTRICT HEALTH OFFICE #2

District File Number 757-1345

Date Filed: JUL 30 1951

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

Richard Y. McDonald

Signed.....

Student Embalmer

Licensed Embalmer No. 4825

P. O. Address *Mexico 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.

