

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26690**

FILED SEP 5 1951 REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY HENRY 0422		2. USUAL RESIDENCE (When deceased lived. If institution: address before admission.) a. STATE MO. b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON RURAL 0420	
c. LENGTH OF STAY (in this place) 6 1/2 Days		d. STREET ADDRESS (If rural, give location) DEER CREEK TWP. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION WETZEL HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) - c. (Last) DRIGGS			4. DATE OF DEATH (Month) (Day) (Year) AUG 28 1951	
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH OCT. 15, 1875		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 10 Days 13		IF UNDER 24 HRS. Hours - Min. -	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER			10b. KIND OF BUSINESS OR INDUSTRY own home			11. BIRTHPLACE (State or foreign country) DANVILLE, KENTUCKY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME CHARLES E. LATHAM			13b. MOTHER'S MAIDEN NAME MARY E. McPHERSON			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) congestive heart disease DUE TO (c) arteriosclerosis							
		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 331x						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Aug 21, 1951**, to **Aug 28, 1951**, that I last saw the deceased alive on **Aug 27, 1951**, and that death occurred at **11:24 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS D.O. Clinton Mo.		23c. DATE SIGNED Aug 29, 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-30-51		24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) Clinton, MO	
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DATE REC'D BY LOCAL REG. Aug 30 51		REGISTRAR'S SIGNATURE Florence Adair		4025. FUNERAL DIRECTOR'S SIGNATURE V.A. Vansant		ADDRESS Clinton, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-4-51

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 H. A. Vassant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.