

APR 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 9243

0730
M. Maibach

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

| | | | | | | | | |
|---|-------------------------------|---|---|--|--|--|---|-----------------------|
| BIRTH NO. | | REG. DIST. NO. <u>246</u> | | PRIMARY REG. DIST. NO. <u>5835</u> | | Registrar's No. <u>4</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin Rural # 2</u> | | c. LENGTH OF STAY (in this place) <u>50 Yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin Rural # 2</u> | | <u>0730</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sagmount Community</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Sagmount Community</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Birty</u> b. (Middle) <u>Nosby</u> c. (Last) <u>DRAKE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24, 1952</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Nov 1, 1879</u> | 9. AGE (In years last birthday) <u>72</u> | 10. UNDER 1 YEAR Months | 11. UNDER 1 YEAR Days | 12. UNDER 1 YEAR Hours | 13. UNDER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Dairying</u> | | 11. BIRTHPLACE (State or foreign country) <u>Madison County, Arkansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |
| 13a. FATHER'S NAME <u>B.C. Drake</u> | | 13b. MOTHER'S MAIDEN NAME <u>Clementine Neal</u> | | 14. NAME OF HUSBAND OR WIFE <u>Annie Drake</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>499-24-0572</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Annie Drake Rt#2 Joplin, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) <u>Arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic sinusitis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>years not known</u> <u>years not known</u> <u>4 years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Feb 11, 1950</u> , to <u>Feb 24, 1952</u> , that I last saw the deceased alive on <u>Feb 19, 1952</u> , and that death occurred at <u>6:15A</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr Harry S. Maibach M.D.</u> | | | | 23b. ADDRESS <u>1702 Joplin Joplin Mo</u> | | 23c. DATE SIGNED <u>2-8-52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-26-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>3-28-52</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 24e. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Thornhill-Dillon Mart. Joplin, Mo</u> | | |

RECEIVED

District Health Officer No. _____

District File Number 452-58

Date Filed APR - 7 1952

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

[Handwritten scribbles]

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 _____

[Handwritten signature: W. E. Hood Britton]

Signed.....
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.