

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24161**

FILED JUL 21 1952

BIRTH-NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 685

396

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>60 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		<b>0396</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>914 West Catalpa</b>			d. STREET ADDRESS (If rural, give location) <b>914 West Catalpa</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b>		b. (Middle) <b>NEWBERRY</b>	c. (Last) <b>DRAPER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 16 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 13, 1866</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator Greenhouse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Greenhouse Wholesale Vegetable</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>England</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph N. Draper</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Clement</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Unknown</b> <b>Harold Draper, Springfield, Mo.</b>			
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)	<b>Carcinoma of prostate</b>				<b>1 year</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				III. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>177X</b>				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>June</u> , 19 <u>51</u> , to <u>July 16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 13</u> , 19 <u>52</u> , and that death occurred at <u>10:00 P.M.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Don J. Silsby M.D.</b>			23b. ADDRESS <b>Springfield Mo</b>		23c. DATE SIGNED <b>7-18-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 18, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-18-52</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson Registrar</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Alma Schmeyer, Springfield, Mo</b>		

*Dr. L...*

SEP 23 1952

~~JUL 24 1952~~

**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 Bernard F. Wright

Licensed Embalmer No. 4293

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.