

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28834  
State File No. \_\_\_\_\_

ED AUG 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>232</u>		PRIMARY REG. DIST. NO. <u>5820</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tallapoosa - Anderson</u> c. LENGTH OF STAY (in this place) <u>2 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tallapoosa</u> d. STREET ADDRESS (If rural, give location) <u>0720</u>			
3. NAME OF DECEASED (Type or Print) <u>Jimmie Ray Draper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-22-1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>4-1-49</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>	IF UNDER 18 Hrs. <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Catron, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ashley O. Draper</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dillinger</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ashley Draper</u> ADDRESS <u>_____ 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malari. Congestion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Judice - fever</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>116 X</u>				20. AUTOPSY? YES <input 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) (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 <u>Aug 21, 1952</u> to <u>Aug 22, 1952</u> , that I last saw the deceased alive on <u>Aug 22, 1952</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Coulter</u> (Print or Type)				23b. ADDRESS <u>Malden</u>		23c. DATE SIGNED <u>Aug 23, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-23-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. F. G. Hopkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd M. Russell</u> ADDRESS <u>_____ Ark.</u>			

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.....

*Lucy J. Tyler*

working under my personal supervision.

Student Embalmer No.....

Signed *Lucy J. Tyler*.....  
Student Embalmer

Signed

*Leshie D. Russell*

Licensed Embalmer No. *3855 me*

P. O. Address *Cornwall Ark*

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.