S. No. 300
v. 10.48

FILED NOV 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38469

State File No.

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN West Plains (If outside corporate limits write RURAL and give township)
c. LENGTH OF STAY (in this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN West Plains (If outside corporate limits write RURAL and give township) 0461
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Riley
c. (Last) Dreskell

4. DATE OF DEATH (Month) (Day) (Year) 11-2-52

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 9-19-1898
9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR: Months 1 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ozark Co., Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Will Dreskell
13b. MOTHER'S MAIDEN NAME Sarah Fuller
14. NAME OF HUSBAND OR WIFE Millie Dreskell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Yes
17. INFORMANT'S SIGNATURE OR NAME Millie Dreskell, West Plains Mo — ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular-Renal Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Ascites and Edema
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 31 Oct 1952 *to* 2 Nov 1952, *that I last saw the deceased alive on* 1 Nov 1952, *and that death occurred at* 2:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert Smith D.M.D. (Degree or title)
23b. ADDRESS West Plains, Mo.
23c. DATE SIGNED 11-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-3-52
24c. NAME OF CEMETERY OR CREMATORY Rest
24d. LOCATION (City, town, or county) (State) Dora Mo

DATE REC'D BY LOCAL REG. 11-14-52
REGISTRAR'S SIGNATURE Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE Roberts ADDRESS West Plains Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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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 L. D. Robertson

Licensed Embalmer No. 3437

P. O. Address West Paris Me

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.