

FILED DEC 17 1952

STANDARD CERTIFICATE OF DEATH

State File No. **41741**

0170

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

BIRTH NO. _____		REG. DIST. NO. 55		PRIMARY REG. DIST. NO. 3011		Registrar's No. 1057	
1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Carroll			
b. CITY (If outside corporate limits, write RURAL and give township) Carrollton.		c. LENGTH OF STAY (In this place) 7 Days.		c. CITY (If outside corporate limits, write RURAL and give township) Norborne.		0170	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Atwood Hospital.				d. STREET ADDRESS (If rural, give location) North Pine. St.			
3. NAME OF DECEASED (Type or Print) Clara. Drew.		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1952.		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 23, 1890.		9. AGE (In years, last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work.		11. BIRTHPLACE (State or foreign country) Norborne Carroll County U.S.A.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Koontz.		13b. MOTHER'S MAIDEN NAME Eliza Jane Storm.		14. NAME OF HUSBAND OR WIFE John Drew.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 499-10-6443		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Sam J new Norborne Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer neck of Bladder DUE TO (c) Anemia secondary to Radium 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 171X				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 Nov 29, 1952 , to Dec 7, 1952 , that I last saw the deceased alive on Dec 7, 1952 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Carl Heck MD.				23b. ADDRESS Carrollton Mo.		23c. DATE SIGNED 12/9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 10, 1952		24c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery.		24d. LOCATION (City, town, or county) (State) Norborne. Missouri.	
DATE REC'D BY LOCAL REG. 12/10/52		REGISTRAR'S SIGNATURE Mr. Herbert Carter		25. FUNERAL DIRECTOR'S SIGNATURE John G. Deitch Jr		ADDRESS Norborne	

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 me

working under my personal supervision.

Student Embalmer No.

Signed

John H. Deitch Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4797

P. O. Address.....

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.