

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>27 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1237 Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1237 Jefferson</u>		e. STREET ADDRESS (If rural, give location) <u>1237 Jefferson</u>	

3. NAME OF DECEASED (Type or Print) <u>Nellie</u>		a. (First)		b. (Middle)		c. (Last) <u>Drohman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-19-53</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>1-7-1888</u>		9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. IF UNDER 1 YEAR: Months <u>12</u> Days _____ Hours _____	

13a. FATHER'S NAME <u>Lewis R. Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Annie HOWARD</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis E. Drohman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles M. Fadden</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS <u>Same</u>			

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) <u>Cardiac Thrombosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>No</u>				4201	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart failure over 13 years period</u> DUE TO (c) _____					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No</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) (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 Sept 21, 1950, to 1-19-1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James T. Ferguson</u> (Degree or title) <u>D MD</u>		23b. ADDRESS <u>410 Bryant Bl</u>		23c. DATE SIGNED <u>1-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>D. C. Weckert</u>		ADDRESS <u>P.O. 8, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-21-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. ADDRESS <u>P.O. 8, Mo.</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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

D. E. Weelert

Licensed Embalmer No. _____

*4075
K.C. Mo*

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.