S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13168

BIRTH NO. FILED APR 21 1953 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 62

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Jackson Township
d. STREET ADDRESS (If rural, give location): Rt. # 3 Carthage, Mo. 0490

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Milton
c. (Last): Drummond

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 1, 1886
9. AGE (In years last birthday): 67 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traveling Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Paper
11. BIRTHPLACE (City and State or Foreign Country): Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Estella I. Drummond

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.: 366-10-4178
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Estella I. Drummond
ADDRESS: Carthag

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) (Inquest with Jury) from injuries received in headon collison of two automobiles on Highway 54 Nine Miles E. of Mexico, Missouri — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) Fracture of base of skull and inferior Maxillary. Fracture of 1st & 2nd Ribs Right Side. Abrasions of Right & Left knees and left hand E8164 004 26

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 54
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Louter Township Audrain Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 13, 1953 5:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Collison between two automobiles

22. *I hereby certify that I attended the deceased from* Coronors, Inquest with Jury, *that I last saw the deceased alive on* 4-13, 1953, *and that death occurred at* 5/30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. C. Adams M.D. Coroner
23b. ADDRESS: Mexico, Mo.
23c. DATE SIGNED: 4-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 14, 53
24c. NAME OF CEMETERY OR CREMATORY: Park "
24d. LOCATION (City, town, or county) (State): Carthage, Missouri

DATE REC'D BY LOCAL REG.: 4-14-1953
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Earl Precht
ADDRESS: Precht Funeral Home Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1953

MAY 6 1953

NOV 18 1951

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 Earl E. Pruitt

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.