

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20690**

BIRTH NO. _____		REG. DIST. NO. 38	PRIMARY REG. DIST. NO. 3006	Registrar's No. 1-73
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. CITY (If outside corporate limits, write RURAL and give township) Columbia 0105		
c. LENGTH OF STAY (in this place) 78 yrs		d. STREET ADDRESS (If rural, give location) 707 E. Ash St. W		
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 E. Ash St.				
3. NAME OF DECEASED a. (First) LULU		b. (Middle) BELL		c. (Last) DREW
4. DATE OF DEATH (Month) (Day) (Year) June 29 - 1953				
5. SEX Female	6. COLOR OR RACE Wepo	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH 2-9-1876	9. AGE (in years) (has birthday) 77 if UNDER 1 YEAR: Months Days if UNDER 2 HRS.: Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid	10b. KIND OF BUSINESS OR INDUSTRY Private home	11. BIRTHPLACE (City and State or Foreign Country) Columbia Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jerry Gray		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Eugene Drew
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marion Drew, Columbia, 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) Cerebrovascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis 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 few minutes
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 331X
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 June 3 , 19 53 , to June 29 , 19 53 , that I last saw the deceased alive on 25 June , 19 53 , and that death occurred at 6:30 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. Roy J. Miller M.D.		23b. ADDRESS Suitors Bldg Columbia		23c. DATE SIGNED July 5 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 3rd 1953	24c. NAME OF CEMETERY OR CREMATORY Galvary	24d. LOCATION (City, town, or county) (State) Columbia Mo.
DATE REC'D BY LOCAL REG. July 3 1953		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer. 31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stuart Parker Columbia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 5 1954

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

Stewart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Md.

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.