

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26758

FILED AUG 20 1954

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boeuf		c. LENGTH OF STAY (in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boeuf 0360					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION His Residence				d. STREET ADDRESS (If rural, give location) 1/2 Mile South of Berger, Mo					
3. NAME OF DECEASED (Type or Print) EDWARD HENRY DREWEL			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 8 16 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-3-1879			
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		9. AGE (In years last birthday) 75			
11. BIRTHPLACE (State or foreign country) Berger, Mo. RFD		12. CITIZEN OF WHAT COUNTRY? US		11. BIRTHPLACE (State or foreign country) Berger, Mo. RFD		12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Fritz Drewel		13b. MOTHER'S MAIDEN NAME Katherine Witthaur		14. NAME OF HUSBAND OR WIFE Mrs. Sophia Drewel					
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. None		17. INFORMANT'S SIGNATURE OR NAME Irene & Norma Drewel Berger 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) Acute myocardial infarction Generalized arteriosclerosis with coronary arteriosclerosis 10 yrs. DUE TO (b) with coronary arteriosclerosis 10 yrs. DUE TO (c) Emphysema 8 " II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH suddenly	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 4/25, 1947, to 8/16, 1954, that I last saw the deceased alive on 8/16, 1954, and that death occurred at 9:30 P.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) B.P. Eisenmann M.D.				23b. ADDRESS New Haven, Missouri		23c. DATE SIGNED 8/17/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-19-54		24c. NAME OF CEMETERY OR CREMATORY St. Johns E&R Cem		24d. LOCATION (City, town, or county) (State) Berger Mo			
DATE REC'D BY LOCAL REG. 8/18/54		REGISTRAR'S SIGNATURE Nettie Murphy 429		25. FUNERAL DIRECTOR'S SIGNATURE Paul H. Blumer		ADDRESS Berger Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

181
73

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 Chas. M. Pope

Licensed Embalmer No. 2552

P. O. Address Herman, 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.