

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7221**

FILED MAR 29 1955

BIRTH NO. _____		REG. DIST. NO. 30		PRIMARY REG. DIST. NO. 4038		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARSAW		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN WARSAW		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 00080	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				f. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) ROSA			b. (Middle) ANN		c. (Last) DREW		4. DATE OF DEATH (Month) (Day) (Year) Mar 24 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 5, 1873		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 1 Days 19	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Benton Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME George Bell		13b. MOTHER'S MAIDEN NAME Mary Maxwell		14. NAME OF HUSBAND OR WIFE			
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 ADDRESS Vena Dawson Warsaw			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident					INTERVAL BETWEEN ONSET AND DEATH 1 month	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis					SEV. YEARS	
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility					SEV. YEARS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X				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 25 Feb , 1955, to 24 March , 1955, that I last saw the deceased alive on 19 March , 1955, and that death occurred at 7:40 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) David H. Glenn M.D.				23b. ADDRESS Warsaw Mo		23c. DATE SIGNED 26 March 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 27, 1955	24c. NAME OF CEMETERY OR CREMATORY Chimney Springs		24d. LOCATION (City, town, or county) (State) Chimney Springs Benton Co Mo		
DATE REC'D BY LOCAL REG. Mar 26 1955		REGISTRAR'S SIGNATURE Gas. A. Logan		2. FUNERAL DIRECTOR'S SIGNATURE John H. Ciesis		ADDRESS Warsaw	

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John F. Reser*

Licensed Embalmer No....*40*...

P. O. Address...*W. S. A. A.*...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.