

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8810

State File No. ....

FILED MAR 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5753 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meta RR2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meta RR2</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Martha</u>	b. (Middle) <u>Letitia</u>	c. (Last) <u>Drummond</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1955</u>
-------------------------------------	--------------------------	----------------------------	---------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 22, 1865</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
----------------------	-------------------------------	---	---------------------------------------	---	---------------------------	-------------------------	--------------------------	-------------------------

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	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>Dewitt Clinton</u>	13b. MOTHER'S MAIDEN NAME <u>Charity Hall</u>	14. NAME OF HUSBAND OR WIFE <u>G.A. Drummond</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clint Drummond</u>	ADDRESS <u>Meta, Missouri</u>
--	-----------------------------------	---	-------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>5 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>			

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) (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 Jan 2, 1951, to Feb. 17, 1955, that I last saw the deceased alive on Feb. 17, 1955, and that death occurred at 8:35 A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Heaven A. Dwyer M.D.</u>	23b. ADDRESS <u>Jefferson City, Missouri</u>	23c. DATE SIGNED <u>2/17/55</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/19/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stokes Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Meta, Missouri</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2-23-55</u>	REGISTRAR'S SIGNATURE <u>Pauline Howard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Rogers</u>	ADDRESS <u>Meta, Missouri</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 Embalmer No.....

Signed.....

*Walter P. Nesges*

Signed.....

Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.