FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30143

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 4307 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY McDonald, Rocky Comfort, twp
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rocky Comfort
c. LENGTH OF STAY (In this place) 80 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rocky Comfort - Twp.
d. STREET ADDRESS (If rural, give location) 06000

3. NAME OF DECEASED (Type or Print)
a. (First) Georgia
b. (Middle) Ella
c. (Last) Draper.

4. DATE OF DEATH (Month) (Day) (Year) Sept. 20 - 55

5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct - 3 - 1872
9. AGE (In years last birthday) 82 — If under 1 year: Months 11, Days 17 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME James Kelley
13b. MOTHER'S MAIDEN NAME Martha Priestly
14. NAME OF HUSBAND OR WIFE L. A. Draper. (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Herbert Draper Rocky Comfort, Mo. ADDRESS

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) Senility and C.V.A.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension 331X

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

INTERVAL BETWEEN ONSET AND DEATH

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

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-22-, 1955, *to* 9/20/, 1955, *that I last saw the deceased alive on* 8-22-, 1955, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Randal N. Ochs, M.D.
23b. ADDRESS Wheaton, Mo.
23c. DATE SIGNED Sept.-22,-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 22-55
24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cem.
24d. LOCATION (City, town, or county) Rocky Comfort (State) Mo.

DATE REC'D BY LOCAL REG. Sept. 26-55
REGISTRAR'S SIGNATURE D. E. Plumlee 178
25. FUNERAL DIRECTOR'S SIGNATURE McQueen Funeral Home ADDRESS Wheaton Mo.

(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 .....
Student Embalmer

Signed Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.