

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13893

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Sikeston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		Length of stay in lb <u>611 days</u>	d. STREET ADDRESS <u>304 Dixie</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Fred Lee Draper</u>			First <u>Fred</u>	Middle <u>Lee</u>	Last <u>Draper</u>
4. DATE OF DEATH	Month <u>May</u>	Day <u>7</u>	Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 3, 1904</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>00</u> Days <u>03</u>
IF UNDER 24 HRS. Hours <u>00</u> Min. <u>00</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer -- Trucking</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (City and state or country) <u>Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Wash Draper</u>			14. MOTHER'S MAIDEN NAME <u>Nellie ?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-36-3987</u>	17. INFORMANT <u>San. records, Mo. State San., Mt. Vernon, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u>	DUE TO (b) <u>Cor Pulmonale</u>	DUE TO (c) <u>Pulmonary tuberculosis Far Advanced</u>	Interval BETWEEN ONSET AND DEATH <u>at least 2 yrs.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>Recent 2-stage thoracoplasty and partial scapulectomy, right</u>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>1:55</u> Month <u>Sept.</u> Day <u>4</u> Year <u>1954</u> a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>Sept. 4, 1954</u> to <u>May 7, 1956</u> and last saw <u>him</u> alive on <u>5-7-56</u> Death occurred at <u>1:55 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. Lewis Yates M.D.</u>	(Degree or title)	22b. ADDRESS <u>Mt. Vernon, Mo.</u>	22c. DATE SIGNED <u>5-7-56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-7-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Addition Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri</u>		
24. FUNERAL DIRECTOR <u>J. J. Sparks</u>	ADDRESS <u>Sikeston, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-7-56</u>	26. REGISTRAR'S SIGNATURE <u>Carl Hendricks</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

9561 I I NRP

9561 \* NRP  
MAY 17 1958

MAY 17 1958

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Frank Sparks*.....

Licensed Embalmer No. 3.....

P. O. Address *Cape Hill*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.