

STANDARD CERTIFICATE OF DEATH

State File No. **14151**

FILED APR 23 1956

BIRTH NO. _____ REG. DIST. NO. **264** PRIMARY REG. DIST. NO. **4394** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bakersfield	c. LENGTH OF STAY (In this place) 1 year	c. CITY OR TOWN Bakersfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) DREW	a. (First)	b. (Middle) COLUMBUS	c. (Last) REASONS	4. DATE OF DEATH (Month) (Day) (Year) April 2, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 20, 1880	9. AGE (In years last birthday) 75 If UNDER 1 YEAR: Months 8 Days 12 If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Ott, Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Ross Reasons	13b. MOTHER'S MAIDEN NAME Susie Merroit	14. NAME OF HUSBAND OR WIFE Dicie Guffey Reasons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Avis Reasons	
		ADDRESS Kansas City, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute dilatation of heart.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) 4222	
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 _____, 1947, to April 2, 1956, that I last saw the deceased alive on April 2, 1956, and that death occurred at 3:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE <i>Daniel R. Sauer M.D.</i>	(Degree or title)	23b. ADDRESS <i>Bakersfield, Mo.</i>	23c. DATE SIGNED 4-10-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/4/56	24c. NAME OF CEMETERY OR CREMATORY Hurst Cemetery	24d. LOCATION (City, town, or county) (State) Fulton County, Ark.

DATE REC'D BY LOCAL REG. 4-21-56	REGISTRAR'S SIGNATURE <i>Thana Mahan</i>	25. FUNERAL DIRECTOR'S SIGNATURE Carter Funeral Service	
		ADDRESS Salem, Ark.	

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

No. 300
10.48
0730

4610

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.....
Edward Carter

Licensed Embalmer No... 457

P. O. Address *Shreveport*

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.