

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

294

STATE FILE NUMBER

FILED FEB 11 1957

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 110

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|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Buchanan | | b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph | | a. STATE Missouri | | b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 202 West Kansas | | Length of stay in 1b 40 Years | | d. STREET ADDRESS 202 West Kansas | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First Samuel | | Middle Coy | | Last Drake | | Month Day Year Jan. 27, 1957 | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Dec. 22, 1898 | |
| 9. AGE (In years last birthday) 58 | | IF UNDER 1 YEAR Months Days Hours Min. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher | | 10b. KIND OF BUSINESS OR INDUSTRY Meat Packing | |
| 11. BIRTHPLACE (City and state or country) New Franklin, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Nura Drake | | | |
| 14. MOTHER'S MAIDEN NAME Mary Arnold | | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | | | |
| 16. SOCIAL SECURITY NO. 487-09-1099 | | | | 17. INFORMANT Mrs S. C. Drake, 202 West Kansas | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | | | INTERVAL BETWEEN ONSET AND DEATH Immediate | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Signed as an unattended death | | DUE TO (c) in the city of St. Joseph Mo | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | | | |
| 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 a. m. p. m. | | Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 1-27-57 to never and last saw him alive on | | | | Death occurred at 3:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Richard L. Maguire M.D. Resident City Health Officer | | 22b. ADDRESS 5 Physo Sur Bldg 216, St. Joseph Mo | | 22c. DATE SIGNED 1-30-57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE Jan 31, 1957 | | 23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | |
| 24. FUNERAL DIRECTOR Wm. H. Alexander | | ADDRESS St. Joseph, Mo. | | 25. DATE RECD. BY LOCAL REG. Feb 1, 1957 | | 26. REGISTRAR'S SIGNATURE Esther M. Allison | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-56

Director, coroner, etc. must use only standard instruments in view of diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

2
485

FEB 19 1958

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 Wm. H. Alexander

Licensed Embalmer No. 44

P. O. Address St. Joseph

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.