.S. No. 300
Rev. 10.48

FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11759

State File No.

BIRTH NO. REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4472 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis
c. LENGTH OF STAY (In this place): entire life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scotland
c. CITY OR TOWN: Memphis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) Raymond c. (Last) Drummond
4. DATE OF DEATH (Month) (Day) (Year): March 21, 1957
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 1, 1881
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Scotland County, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Hugh Drummond
13b. MOTHER'S MAIDEN NAME: Mary Billups
14. NAME OF HUSBAND OR WIFE: Anna Drummond
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.: 494-22-6381
17. INFORMANT'S SIGNATURE OR NAME: Vurcen Drummond — ADDRESS: Memphis

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriolsclerosis — 10 yrs
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: 4221
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* June 5, 1955, *to* 3-21-, 1957, *that I last saw the deceased alive on* 3-21-, 1957, *and that death occurred at* 7 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Lowe DO
23b. ADDRESS: Memphis, Mo.
23c. DATE SIGNED: 3-22-57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 24, 1957
24c. NAME OF CEMETERY OR CREMATORY: Lawn Ridge
24d. LOCATION (City, town, or county) (State): Scotland County, Missouri

DATE REC'D BY LOCAL REG.: 3-27-57
REGISTRAR'S SIGNATURE: Vera G. Turner
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — ADDRESS: Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

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

476

APR 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by .....Myself....., Student Embalmer No.....—.....

working under my personal supervision..

Student.....—.....
Signature of Student Embalmer

Signed.....Fred Leith.....

Licensed Embalmer No....422..

P. O. Address.....Memphis

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