

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 19 1957

STANDARD CERTIFICATE OF DEATH

3187021892
 FILE NUMBER

Registration District No. 218 Primary Registration District No. 577 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Anniston Mo.</u>		c. CITY OR TOWN <u>Anniston Mo.</u> <u>067⁰⁰</u>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>Anniston Mo.</u>		d. STREET ADDRESS <u>Anniston Mo.</u>	
Length of stay in 1b <u>Life Time</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>James W. Drury</u>			4. DATE OF DEATH <u>May 28, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 25, 1875</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Day Labor</u>		11. BIRTHPLACE (City and state or country) <u>Union Town Ky.</u>	
13. FATHER'S NAME <u>Joe Drury</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>James W. Drury Jr. St. Louis 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>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension and arterio-sclerosis</u>	
	DUE TO (c) <u> </u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		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, a. m. p. m. Month, Day, Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <u>10/10/53</u> to <u>5/28/57</u> and last saw <u>him</u> alive on <u>5/13/57</u> Death occurred at <u>11:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. X. Whitaker, M.D.</u>		22b. ADDRESS <u>East Prairie, Mo</u>	22c. DATE SIGNED <u>5/31/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-30-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anniston Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Anniston Mo. Mo.</u>
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24. FUNERAL DIRECTOR <u>Travis Shelby Jr. East Prairie Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-7-57</u>	26. REGISTRAR'S SIGNATURE <u>Pauline McCreary, Deputy</u>
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(Licensed Embalmer's Statement on Reverse Side)

405

RECEIVED

Miss. Co. Health

County File No. _____

Date Filed 6-1

JUN 10 1957

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 *David Shelby*

Licensed Embalmer No. *21*

P. O. Address *East Pa*

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.

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