

STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1957

57-0-22468  
State File No.

BIRTH NO. 1111111 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5886

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY <u>Cassia</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>8 Days</u>	c. CITY OR TOWN <u>Bardwell</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens Hospital</u>			e. STREET ADDRESS <u>816 8</u> (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ed</u> b. (Middle) <u>Kelley</u> c. (Last) <u>Drysdale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 24 - 57</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1-30-57</u>		9. AGE (In years last birthday) <u>4</u> IF UNDER 1 YEAR Months <u>24</u> IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carro, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William E. Drysdale</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Kelley</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>June Block</u>	ADDRESS <u>500 S. Kingshighway</u>
---	--	--	---------------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tricuspid stenosis, hypoplastic rt. ventricle, patent foramen ovale</u> DUE TO (c) <u>Pulmonary valvular atresia, Patent ductus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Since birth</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>754.1</u>		

19a. DATE OF OPERATION <u>6/24/57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Patent ductus</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 6-16, 1957, to 6-24, 1957, that I last saw the deceased alive on 6-24, 1957, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hilda Woltemann, M.D.</u>	23b. ADDRESS <u>500 S. Kingshighway</u>	23c. DATE SIGNED <u>6-24-57</u>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 25</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Cemetery, Bardwell Ky</u>	24d. LOCATION (City, town, or county) (State) <u>Bardwell Ky</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>JUN 25 57</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	GENERAL DIRECTOR'S SIGNATURE <u>Garland Basham</u>	ADDRESS <u>Bardwell Ky</u>
--	--	---	-------------------------------

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

**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 me..... Student Embalmer No.....  
working under my personal supervision.:

Student.....  
Signature of Student Embalmer

Signed Josephine Schmidt.....

Licensed Embalmer No. 707.....

P. O. Address Columbus Ill.....

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.