

FILED AUG 14 1957

STANDARD CERTIFICATE OF DEATH

25359

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 299

1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HANNIBAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>SHELBYVILLE 1028</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LEUERING HOOP</u>			Length of stay in 1b <u>4 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>RURAL ROUTE</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>MARK</u> Middle <u>HANNA</u> Last <u>DRAKE</u>				4. DATE OF DEATH Month <u>JULY</u> Day <u>31</u> Year <u>1957</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG 29 1897 59</u>		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>BLOG CONTRACTOR</u>		11. BIRTHPLACE (City and state or country) <u>MO SHELBY COUNTY US</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>					
13. FATHER'S NAME <u>ARMOND DRAKE</u>				14. MOTHER'S MAIDEN NAME <u>LENA WEST MOFFETT</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WORLD WAR I</u>			16. SOCIAL SECURITY NO. <u>443-22-9630</u>		17. INFORMANT Address <u>SHELBYVILLE MO</u> <u>MRS VIRGINIA DRAKE</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>Fat embolism - rt cerebral</u>										INTERVAL BETWEEN ONSET AND DEATH <u>4da</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Injuries sustained in auto</u>											
		DUE TO (c) <u>Accident</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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input checked="" 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 <u>8:30</u> Hour <u>8:30</u> Month; Day, Year p. m. <u>7-27-57</u>													
20d. INJURY OCCURRED. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Age 15</u>			20f. CITY, TOWN, OR LOCATION <u>15 1/2 mi West Jet 15+168</u> COUNTY <u>64</u> STATE							
21. I attended the deceased from <u>7-27-57</u> , to <u>7-31-57</u> and last saw <u>her</u> alive on <u>7-31-57</u> Death occurred at <u>7:50</u> <u>AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>R M Strong MD</u> (Degree or title)						22b. ADDRESS			22c. DATE SIGNED				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG 2 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SARLINA MAUSOLEUM</u>			23d. LOCATION (City, town, or county) (State) <u>SARLINA MO</u>						
24. FUNERAL DIRECTOR <u>THOMPSON-GREENING</u>				ADDRESS <u>SHELBYVILLE MO</u>		25. DATE RECD. BY LOCAL REG. <u>8/6/57</u>		26. REGISTRAR'S SIGNATURE <u>W E M Lucke By H. F. Fisher</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles O. Green*

Licensed Embalmer No. 46

P. O. Address *Ch...*

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.