

FILED NOV 5 1957

STANDARD CERTIFICATE OF DEATH

35774
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4651

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>							
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital give location) HOSPITAL OR INSTITUTION <i>2443 Elmwood</i>			Length of stay in lb <i>57 yrs</i>		d. STREET ADDRESS (If outside give location) <i>2443 Elmwood</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <i>Jesse</i> Middle <i>Lee</i> Last <i>Dragoo</i>				4. DATE OF DEATH Month <i>Oct</i> Day <i>6</i> Year <i>1957</i>							
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Sept 25-1875</i>		9. AGE (In years) <i>82</i>		IF UNDER 1 YEAR Months <i>—</i> Days <i>—</i> Hours <i>—</i> Min. <i>—</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Printer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>		11. BIRTHPLACE (City and state or country) <i>Montgomery Co. Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				
13a. FATHER'S NAME <i>John W. Dragoo</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Rush</i>			14. NAME OF HUSBAND OR WIFE <i>Maud Dragoo</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>492-26-6427</i>		17. INFORMANT <i>Maud Dragoo</i>		Address <i>2443 Elmwood K.C.M.</i>				
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial degeneration</i>										INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arterio-sclerosis</i>											
DUE TO (c) <i>* cerebral sclerosis 4221</i>											
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? 2 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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <i>1953</i> to <i>Oct 6 '57</i> and last saw her/him alive on <i>Oct 3 '57</i>		Death occurred at <i>12:15</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>G.C. Remley</i> (Degree or title) <i>M.D.</i>					22b. ADDRESS <i>36 Argyle Bl</i>			22c. DATE SIGNED <i>Oct 7-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)				
<i>Removal</i>		<i>Oct 8-1957</i>		<i>Sunset Hill Cem.</i>			<i>Warrensburg, Mo.</i>				
24. FUNERAL DIRECTOR <i>C.H. Blackman</i> <i>Don Mc</i> ADDRESS <i>K.C.M.</i>				25. DATE RECD. BY LOCAL REG. <i>10-8-57</i>		26. REGISTRAR'S SIGNATURE <i>neva Minshall</i>					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

G.C. Remley

J. P. Remley

W-8873



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 *Bert B. Bennett*

Licensed Embalmer No. *4656*
P. O. Address *K. C. Mo.*

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.