

FILED NOV 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39105

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 5057 Registrar's No. 2

S. 300 /
v. 1-57

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett (Kings Praire)		c. CITY OR TOWN Monett.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 M. S.E. Monett		d. STREET ADDRESS (If outside, give location) 7 Miles S.E. Monett, Mo.	
Length of stay in lb 77 Yrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clarence Middle C. Last Drake			4. DATE OF DEATH Month Nov. Day 21, Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years from birthday) 77
11. BIRTHPLACE (City and state or country) Barry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Aaron Drake		13b. MOTHER'S MAIDEN NAME Sarah Farewell	14. NAME OF HUSBAND OR WIFE Lulu Drake
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Lulu Drake		Address Monett, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia			INTERVAL BETWEEN ONSET AND DEATH 30 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			491X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ Generalized Arteriosclerosis & Cerebral Arteriosclerosis			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. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 Monett, Mo	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 11-12-57 to 11-21-57 and last saw him alive on 11-19-57 Death occurred 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. L. G. Swartz MD		22b. ADDRESS Monett, Mo	
22c. DATE SIGNED 11-22-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/23/57	23c. NAME OF CEMETERY OR CREMATORY New Liberty
23d. LOCATION (City, town, or county) Barry County, Mo.		23e. STATE	
24. FUNERAL DIRECTOR J. D. Buchanan		ADDRESS Monett, Mo.	
25. DATE RECD. BY LOCAL REC. 11-23-57		26. REGISTRAR'S SIGNATURE Mrs P.N. Cook	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1157-206

DATE REC. 11-25-57

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 J. R. Buchanan
Licensed Embalmer No. 3179

P. O. Address Monett, 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.