Dept. Health, Ed., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

FILED DEC 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 43204

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY Shelby
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Shelbina — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b: 13 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shelby
c. CITY OR TOWN Shelbina — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1020 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Gwendola — Middle ----- — Last Draughn

4. DATE OF DEATH: Month Nov. Day 28, Year 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Dec. 9, 1889
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Shelby County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Brackenridge Fitzpatrick
13b. MOTHER'S MAIDEN NAME: Ivy Dale
14. NAME OF HUSBAND OR WIFE: Joseph M. Draughn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Wm. W. Draughn, Bethany, Missouri — Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Pancreas — 6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — 2 yrs
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 157X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 WORK [ ] NOT WHILE AT WORK [ ]
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 Jan 4, 1956 to Nov 28, 1957 and last saw her alive on Nov 27, 1957
Death occurred at 7:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Dr. J. H. Tomei (Degree or title) M.D.
22b. ADDRESS: Shelbina Mo
22c. DATE SIGNED: 11/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/30/1957
23c. NAME OF CEMETERY OR CREMATORY: Bacon Chapel Cemetery
23d. LOCATION (City, town, or county) (State): Shelby County, Missouri

24. FUNERAL DIRECTOR: Hayes Funeral Home, Shelbina, Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 11-30-57
26. REGISTRAR'S SIGNATURE: Ada Garrison

(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.

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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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina, 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.