

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032637  
STATE FILE NUMBER  
4601

FILED OCT 15 1958

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

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) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Westport Methodist Home</i>		Length of stay in lb <i>15 yrs</i>	
3. NAME OF DECEASED (Type or print) First <i>RENA</i> Middle <i>DRAKE</i> Last <i>DRAKE</i>		4. DATE OF DEATH Month <i>September</i> Day <i>29</i> Year <i>1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>August 20 1870</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Lola Kansas</i>
12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>	
13. FATHER'S NAME <i>M. A. Mc Bride</i>		13b. MOTHER'S MAIDEN NAME <i>Susan Martin</i>	
14. NAME OF HUSBAND OR WIFE <i>Isaac M. Drake</i>		14. NAME OF HUSBAND OR WIFE <i>Isaac M. Drake</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>None</i>	
17. INFORMANT <i>Mrs. R. R. Schindler</i>		Address <i>5835 Wayne 26th</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ca of Cecum</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			<i>1530</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? 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 WORK <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 COUNTY STATE	
21. I attended the deceased from <i>June 24 1958</i> to <i>Sept 29, 1958</i> and last saw her alive on <i>Sept 10, 1958</i> Death occurred at <i>6:45 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. Donald M. Farland M.D.</i>		22b. ADDRESS <i>315 Nichols Rd</i>	
22c. DATE SIGNED <i>Sept. 30, 1958</i>		22c. DATE SIGNED <i>Sept. 30, 1958</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Oct 1, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>York Nebraska</i>
24. FUNERAL DIRECTOR <i>Helks Funeral Home</i>		ADDRESS <i>2315 Lenwood</i>	
25. DATE RECD. BY LEGAL REG. <i>9-30-58</i>		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>	

M. Donald Mc Farland

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

(Licensed Embalmer's Statement on Reverse Side)

71 South  
Dr. McFarland  
Playa Medical Bldg.  
No 1-1533  
after 1 P.M.  
315 Wilcox Rd.



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 Chas E. Wilks .....

Licensed Embalmer No. 2644 .....  
P. O. Address 14 EMO .....

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.