Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035178
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 926 Primary Registration District No. 6102 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Scotland
b. CITY OR TOWN Jefferson twsp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION — Length of stay in Hospital 3 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scotland
c. CITY OR TOWN Memphis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Margaret Elizabeth Drake
4. DATE OF DEATH Month Day Year: Oct. 3, 1958
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 10-5-1868
9. AGE (In years last birthday): 89 — 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): housekeeping
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Scotland Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Crawford McWilliam
13b. MOTHER'S MAIDEN NAME: Elizabeth McWilliam
14. NAME OF HUSBAND OR WIFE: Harvey T. Drake
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.
17. INFORMANT: Vera Poole — Address: Memphis, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c) 4221
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 ☐ NO ☐

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 May 1 1945 to Oct-3-58 and last saw her/him alive on Oct 3 1958
Death occurred at Oct 3 58 10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A M Keethler (Degree or title) DO
22b. ADDRESS Memphis. Mo.
22c. DATE SIGNED 10-4-1958

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10-5-1958
23c. NAME OF CEMETERY OR CREMATORY: Memphis
23d. LOCATION (City, town, or County) (State): Memphis Mo.

24. FUNERAL DIRECTOR: Wagner & Sons — ADDRESS: Memphis, Mo.
25. DATE RECD. BY LOCAL REG.: 10-11-58
26. REGISTRAR'S SIGNATURE: Vera G. Purner

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.