

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026323

FILED VS JUL 21 1959 / 6

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 273

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b 13 yrs		c. CITY OR TOWN		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi. N of Bismarck			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #		d. STREET ADDRESS (If outside, give location) 4 mi. N. of Bismarck	
3. NAME OF DECEASED (Type or print) First ROSALINE Middle MALCOLM Last DRAKE			4. DATE OF DEATH Month July Day 7 Year 1959			
5. SEX fem	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 Feb. 6 1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Piedmont Mo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Seymore Malcolm		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Alexander J. 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 Address A. J. Drake, Bismarck 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) Acute Toxemia					INTERVAL BETWEEN ONSET AND DEATH Hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Gastro-enteritis					3 hours	
DUE TO (c) Diabetes Mellitus of unknown cause					Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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. Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 March 23, 1959 to July 6, 1959 and last saw her/him alive on July 6, 1959 Death occurred at 3.00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) M. M. Beck D.O.			22b. ADDRESS Bismarck, Missouri		22c. DATE SIGNED 7-10-1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-10-59	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) Bismarck, Mo.		
24. FUNERAL DIRECTOR Address White Funeral Home, Bismarck Mo.			25. DATE RECD. BY LOCAL REG. July 13, 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 21 1959

AUG 28 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Dimitrius

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.