SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-022248
STATE FILE NUMBER

AMENDED

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 46

FILED JUN 30 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Doniphan — Length of stay in this place: 3 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1007 Jefferson St — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ripley
c. CITY OR TOWN: Doniphan — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1007 Jefferson — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Archie Middle: Last: Drysdale
4. DATE OF DEATH: Month: June Day: 25 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-8-1880
9. AGE (last birthday): 81 — IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lining Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (City and state or country): Ripley County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Andrew Drysdale
13b. MOTHER'S MAIDEN NAME: Lydia Davis
14. NAME OF HUSBAND OR WIFE: Belle Drysdale
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: Belle Drysdale Address: Doniphan, 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis, generalized — 10 years
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

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 July 60 to June 25 61 and last saw ~~her~~ him alive on 6/10/61
Death occurred at 3:00 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank Johnson (Degree or title) MD
22b. ADDRESS: Doniphan Mo.
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 27, 1961
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.
24. FUNERAL DIRECTOR: Edwards Funeral Home ADDRESS: Doniphan, Mo.
25. DATE RECD. BY LOCAL REG.: 6-26-61
26. REGISTRAR'S SIGNATURE: Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1961

JUL 11 1961

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 _____ Signed Gene H Warrent

Signature of Student Embalmer

Licensed Embalmer No. 4809

P. O. Address Naylor, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.