

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025773

STATE FILE NUMBER

DO NOT WRITE ON THIS SUB

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 95

FILED JUN 26 1962

VS 300  
Rev. 4/59

1080  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Missouri</b>		c. CITY OR TOWN <b>Clinton, Missouri</b>	
Length of stay in lb <b>3 years</b>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Hospital #3</b>		d. STREET ADDRESS (if outside, give location) <b>543 S. Carter Street</b>	
3. NAME OF DECEASED (Type or print) First <b>Etta</b> Middle <b>B.</b> Last <b>Dreckman</b>		4. DATE OF DEATH Month <b>June</b> Day <b>22</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-8-82</b>
9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Hickory County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Amos Richardson</b>		13b. MOTHER'S MAIDEN NAME <b>Vernelia Annie Creeasy</b>	
14. NAME OF HUSBAND OR WIFE <b>Frank J. Dreckman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Hospital records Nevada, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>			
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. <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 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 <b>April 24, 1959</b> to <b>June 22, 1962</b> and last saw her alive on <b>June 22, 1962</b> Death occurred at <b>10:10 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) <i>[Signature]</i> <b>F. Allen Pickens, M.D. Phys. II, General</b>		22b. ADDRESS <b>St. Hospital #3, Nevada, Mo.</b>	
22c. DATE SIGNED <b>6-22-62</b>		23a. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>	
23b. NAME OF CEMETERY OR CREMATORY <b>Removal 6/22/62 out of town</b>		23c. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>	
24. FUNERAL DIRECTOR <b>Consuelo Feereel Home mo</b>		25. DATE RECD. BY LOCAL REG. <b>6-23-1962</b>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

**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 *Rory F. Milster*

Licensed Embalmer No. 4805

P. O. Address Newada, 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.