

**FILED**

**CERTIFICATE OF DEATH**

JAN 22 1973  
Registration District No. 11

Primary Registration District No. 4024

Registrar's No.

DO NOT WRITE ON THIS STUD

VS 300  
Rev. 11/72

DECEASED—NAME FIRST MIDDLE LAST 1. <b>John R. DRINKWATER</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>Jan. 16, 1973</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>white</b>	AGE—LAST BIRTHDAY (YEARS) 5a. <b>96</b>	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>Oct. 29, 1876</b>
CITY, TOWN, OR LOCATION OF DEATH 7b. <b>Cassville</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <b>South Barry County Hospital</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <b>Kansas</b>	CITIZEN OF WHAT COUNTRY 9. <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>never married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
SOCIAL SECURITY NUMBER 12. <b>498-54-5101</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <b>farming</b>	KIND OF BUSINESS OR INDUSTRY 13b. <b>farm</b>		
RESIDENCE—STATE COUNTY 14a. <b>Missouri, Barry</b>	CITY, TOWN, OR LOCATION, ZIP CODE 14c. <b>Butterfield</b>	INSIDE CITY LIMITS (SPECIFY, YES OR NO) 14d. <b>yes</b>	TOWNSHIP 14e. <b>Butterfield</b>	STREET AND NUMBER
FATHER—NAME FIRST MIDDLE LAST 15. <b>John F. Drinkwater</b>			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. <b>Mandy Adkins</b>	
INFORMANT—NAME 17a. <b>Mr. Bill Howerton</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <b>Butterfield, Mo. 65623</b>	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b> DUE TO, OR AS A CONSEQUENCE OF:				<b>10 days</b>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) _____ DUE TO, OR AS A CONSEQUENCE OF:				
(c) _____				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a. <b>No</b>
<b>Hypokalemia</b>				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. _____
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. _____	DATE OF INJURY (MONTH, DAY, YEAR) 20b. _____	HOUR 20c. _____	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. _____	
INJURY AT WORK (SPECIFY YES OR NO) 20e. _____	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f. _____	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. _____	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. <b>11 29 54</b> TO 21b. <b>1 16 73</b>	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. <b>1 15 73</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH. (HOUR) (DAY) (MONTH) (YEAR) 21d. <b>Did not 7:30 A</b>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. _____	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22. _____				
CERTIFIER—NAME (TYPE OR PRINT) 23a. <b>Noel E. Harris</b>	MO. LICENSE NO. 23b. <b>9204</b>	SIGNATURE 23c. _____	DEGREE OR TITLE 23d. _____	DATE SIGNED (MONTH, DAY, YEAR) 23e. <b>1/17/73</b>
MAILING ADDRESS—CERTIFIER 23f. <b>Purdy Mo 65734</b>				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>	CEMETERY OR CREMATORY—NAME 24b. <b>Maplewood Cemetery</b>	LOCATION 24c. <b>Exeter</b>	STATE 24d. <b>Missouri</b>	
DATE (MONTH, DAY, YEAR) 24e. <b>Jan. 18, 1973</b>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25. <b>Culver's P.O. Box 36 Cassville, Mo. 65625</b>			
FUNERAL DIRECTOR—SIGNATURE 25a. <b>Paul D. Numbest</b>	REG. NO. 25b. <b>1716</b>	REGISTRAR—SIGNATURE 25c. <b>Mildred Jare</b>	DATE RECEIVED BY LOCAL REGISTRAR 25d. <b>Jan 19, 1973</b>	

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

7b-c. **0730**  
7d. **10236**  
8. **20**  
14a. **29**  
14b. **009**  
14c-d. **66151**  
14e. **010**  
23. **1009204**  
26a. **3**  
18-U. **4270**  
18-S-1.  
18-S-2.  
20a-f.  
20g-St.  
20g-Co.  
20g-Cy.

311000 85

PROFESSIONAL

Permit permit obtained 1-18-73 ml

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. 1034

working under my personal supervision.

Student James O. Halder  
Signature of Student Embalmer

Signed Paul D. Heubert

Licensed Embalmer No. 4576

P.O. Address: Cassville, 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.