

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41732

FILED DEC 16 1952

State File No. 5181
 Registrar's No. 68

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived, or institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Appleton</i>		c. LENGTH OF STAY (in this place) <i>40 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural</i>		0169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3 miles N. E. Oak Ridge</i>				d. STREET ADDRESS (if rural, give location) <i>3 miles N. E. Oak Ridge</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>SIRRILDA</i> b. (Middle) <i>CATHERINE</i> c. (Last) <i>DRUM</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 4, 1952</i>				
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>		8. DATE OF BIRTH <i>Oct 9, 1864</i>	
9. AGE (In years last birthday) <i>88</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Daisy Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Marion Drum</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Hinkle</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Russell Penny Oak Ridge Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sudden Heart Block</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>visions of loc</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11-24</i> 1952, to <i>12-2</i> 1952, that I last saw the deceased alive on <i>11-24</i> 1952, and that death occurred at <i>9:15 AM</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>R.D. Blair M.D.</i> (Degree or title)				23b. ADDRESS <i>Oak Ridge Mo</i>		23c. DATE SIGNED <i>12-5-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>Dec 6, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New Salem</i>		24d. LOCATION (City, town, or county) (State) <i>Daisy Mo</i>	
DATE REC'D BY LOCAL REG. <i>Dec 11-52</i>		REGISTRAR'S SIGNATURE <i>H. J. Suter</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>(Miller Jackson Mo)</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0160

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.