

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 75

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5183		State File No. _____		Registrar's No. 75			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, indicate before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Byrd</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fruitland</u>		d. STREET ADDRESS (If rural, give location) <u>0160</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles N. Jackson</u>				3. NAME OF DECEASED a. (First) <u>ROSIE</u> b. (Middle) <u>KURRE</u> c. (Last) <u>DRUM</u>							
4. DATE OF DEATH <u>Nov. 8, 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 27, 1876</u>			
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10a. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kurroville Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Kurre</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Drum</u>			14. NAME OF HUSBAND OR WIFE <u>Andrew Frank Drum</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Zeno Drum Fruitland Mo.</u> ADDRESS _____							
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, aneurism, etc. It means the disease, injury, or complication which caused death.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Chest Crushed</u>						INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES							
				DUE TO (b) _____							
				DUE TO (c) _____							
				11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8164 26</u>							
18a. DATE OF OPERATION _____		19a. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, other building) <u>U.S. Highway 161</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Byrd Cape Mo.</u> (STATE) <u>Mo.</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 8, 1954 2:30</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on crash of two autos</u>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>D. G. Sigmond, Coroner</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Jackson, Mo.</u>				23c. DATE SIGNED <u>11/12/54</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 12, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Dairy Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Nov 11-54</u>		REGISTRAR'S SIGNATURE <u>A. S. Sibley 43</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____							

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

0160

