

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-038861**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 032 Primary Registration District No. 4042 Registrar's No. 75

STATE FILE NUMBER

**FILED OCT 31 1963**

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Bollinger County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lutesville</b>		c. CITY OR TOWN <b>Daisy</b>	
Length of stay in 1b <b>2 weeks</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bond Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>-----</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>PIERCE</b> Last <b>DRUM</b>			4. DATE OF DEATH Month <b>October</b> Day <b>9</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/24/1875</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months <b>4</b> Days <b>15</b> Hours <b>---</b> Min. <b>---</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Daisy, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Marion Drum</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Hinkle Drum</b>	
14. NAME OF HUSBAND OR WIFE <b>Della Smith Drum</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>N/A</b>	
17. INFORMANT <b>Mrs. Della Drum, Daisy, Mo.</b>		17. ADDRESS			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized arteriosclerosis 3 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 checked="" 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 June 1955 to 10-9-63 and last saw him alive on 7-10-63  
Death occurred at 7:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>E. J. McDonald, M.D.</b> (Degree or title)	22b. ADDRESS <b>Jackson, Mo.</b>	22c. DATE SIGNED <b>10-12-63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/12/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Salem</b>	23d. LOCATION (City, town, or County) (State) <b>Cape Girardeau, Missouri</b>
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24. FUNERAL DIRECTOR <b>A. C. Crader</b> ADDRESS <b>Jackson, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10/29/63</b>	26. REGISTRAR'S SIGNATURE <b>Mr. Buford Crader</b>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300  
Rev. 4/59

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 1990  
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DEC 8 1963

**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 *A. C. Prescott*

Licensed Embalmer No. 4327

P. O. Address *Suehring, 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.