

FILED JAN 27 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 169-003098

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 51

1. DECEASED—NAME FIRST MIDDLE LAST EDGAR T DRAKE		2. SEX MALE		3. DATE OF DEATH (MONTH, DAY, YEAR) JAN 21 1969	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) WHITE		5. AGE—LAST BIRTHDAY (YEARS) MONTHS DAYS 79		6. DATE OF BIRTH (MONTH, DAY, YEAR) MAY 29-1889	
7. CITY, TOWN, OR LOCATION OF DEATH SEDALIA MO		8. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES		9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) REST HAVEN NURSING HOME	
10. STATE OF BIRTH (IF NOT IN U.S., NAME AND COUNTRY) Morgan MO		11. CITIZEN OF WHAT COUNTRY USA		12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Arleta Culler-deceased	
13. SOCIAL SECURITY NUMBER 500-10-5377		14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Retired		15. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING	
16. RESIDENCE—STATE MO		17. COUNTY MONITEAU		18. CITY, TOWN, OR LOCATION FORTUNA	
19. FATHER—NAME FIRST MIDDLE LAST JOHN DRAKE		20. MOTHER—MAIDEN NAME FIRST MIDDLE LAST MARY MOON		21. INFORMANT—NAME GLENN DRAKE	
22. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) TIPTON, MO		23. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
25. (a) Congestive Heart failure DUE TO, OR AS A CONSEQUENCE OF:		26. (b) Arteriosclerotic Heart disease DUE TO, OR AS A CONSEQUENCE OF:		27. (c) 1 Month	
28. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), OR (c), STATING THE UNDERLYING CAUSE LAST		29. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), OR (c) Carcinoma of the prostate with metastasis		30. AUTOPSY (YES OR NO) No	
31. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Carcinoma of the prostate with metastasis		32. DATE OF INJURY (MONTH, DAY, YEAR) 4-5-68		33. HOUR 1-21-69	
34. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 1-16-69		35. INJURY AT WORK (SPECIFY YES OR NO) 20c		36. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f	
37. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g		38. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 4-5-68 TO 1-21-69		39. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 1-16-69	
40. I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d		41. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e		42. HOUR 11:45	
43. CERTIFIER—NAME (TYPE OR PRINT) Donald Eldenburg		44. SIGNATURE Ronald Eldenburg MD		45. DEGREE OR TITLE MD	
46. MAILING ADDRESS—CERTIFIER 900 S. 5th St. Sedalia Missouri 65301		47. STREET OR R.F.D. NO. 65301		48. CITY OR TOWN 65301	
49. STATE MO		50. ZIP 65301		51. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	
52. CEMETERY OR CREMATORY—NAME MONTEAU		53. LOCATION MONTEAU CO, MISSOURI		54. CITY OR TOWN MONTEAU	
55. STATE MO		56. DATE JAN 23 69		57. FUNERAL HOME—NAME AND ADDRESS KIDWELL FUNERAL HOME - VERSAILLES MO 65084	
58. FUNERAL DIRECTOR—SIGNATURE Gene H. Bartman		59. REGISTRAR—SIGNATURE Frances Shelby by Ruth Cole		60. DATE RECEIVED BY LOCAL REGISTRAR JAN 23, 1969	

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

JAN 2 9 1969

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

Ene J. Bartram

Licensed Embalmer No.

4021

P. O. Address

Versailles, 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.