

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13100

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Marion 1-1	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hosp.		d. STREET ADDRESS (If rural, give location) 822 North Sixth			

3. NAME OF DECEASED (Type or Print) William Clark Drennan Sr.			4. DATE OF DEATH (Month) (Day) (Year) April 6, 1949		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 3, 1887	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 3	IF UNDER 2 HRS. Hours 3	IF UNDER 15 MIN. Min. 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Clerk		10b. KIND OF BUSINESS OR INDUSTRY Marblehead Line Co.		11. BIRTHPLACE (State or foreign country) Epworth, Shelby Cty. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Charles Drennan		13b. MOTHER'S MAIDEN NAME Emma Bohon		14. NAME OF HUSBAND OR WIFE Mae Barry Drennan			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 190-07-7012		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. Mrs. W. Clark Drennan Sr. Hannibal Missouri			
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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) Hypertensive heart disease				INTERVAL BETWEEN ONSET AND DEATH 2	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Hypertension 7-year					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				443X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?			
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22. I hereby certify that I attended the deceased from 12-23, 1948, to 4-6, 1949, that I last saw the deceased alive on 4-6, 1949, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Murphy M.D.		23b. ADDRESS Hannibal, Mo.		23c. DATE SIGNED 4-8-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/9/49	24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park	24d. LOCATION (City, town, or county) (State) Hannibal Missouri		
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DATE REC'D BY LOCAL REG. 4-12-49	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	MUNICIPAL DIRECTOR'S SIGNATURE By W. C. Field Deputy	ADDRESS Hannibal Missouri		
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *John S. Ward*

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.