

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **26468**
Registrar's No. **106**

FILED SEP 5 1951

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 106			
1. PLACE OF DEATH a. COUNTY Cooper 027				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Cooper					
b. CITY OR TOWN Boonville		c. LENGTH OF STAY (in this place) 7th		c. CITY (If outside corporate limits, write full name, and give township) Pilot Grove 0270					
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hosp.				d. STREET ADDRESS (If rural, give location) Roe street 0					
3. NAME OF DECEASED (Type or Print) a. (First) MAY		b. (Middle) - SOPHRONIA -		c. (Last) DRENNEN		4. DATE OF DEATH (Month) (Day) (Year) Aug-29-51			
5. SEX Female		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 7-1871			
9. AGE (In years last birthday) 74		If over 1 year: Months 11 Days 14		UNDER 18: Hours 14 Min. 14		9. AGE (In years last birthday) 74			
10a. USUAL OCCUPATION (Give kind of work during most of working life. Even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Missouri 0			
12. CITIZEN OF WHAT COUNTRY U.S.A.				13a. FATHER'S NAME Robt. H. Tucker		13b. MOTHER'S M maiden name Carah Garber			
14. NAME OF HUSBAND OR WIFE Husband - Deceased				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. None			
17. INFORMANT'S SIGNATURE OR NAME Mr Arthur Hayes				ADDRESS Pilot-Grove-MO					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Hypertension - arteriosclerotic Cardiovascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days + 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21g. DATE OF OPERATION 4201						21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-26-51 , 19 51 , to 8-29 , 19 51 , that I last saw the deceased alive on 8-29-51 , 19 51 , and that death occurred at 11:00 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) B. M. Stuart, M.D.				23b. ADDRESS Boonville, MO				23c. DATE SIGNED 8-30-51	
24a. BURIAL, CREMATION, REMOVAL		24b. DATE Aug-31-51		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville Mo			
DATE REC'D BY LOCAL REG. Aug 31-51		REGISTRAR'S SIGNATURE B. M. Stuart		25. FUNERAL DIRECTOR'S SIGNATURE Hayes & Hamner		ADDRESS Pilot Grove Mo			

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

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 9-4-51 -----

0073

1951

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 -----

working under my personal supervision. -----
Student Embalmer No. -----

Student -----
Student Embalmer

Signed *Clyton E. Hays* -----

Licensed Embalmer No. 3074 -----

P. O. Address *Pilot Grove* -----

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.