S. No. 300
v. 10.48

FILED DEC 29 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41913

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 170

0352
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1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KENNETT
c. LENGTH OF STAY (in this place): 5 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett 0352
d. STREET ADDRESS (If rural, give location): 702 - East Washington 0

3. NAME OF DECEASED (Type or Print): a. (First) DANIEL b. (Middle) LEE c. (Last) DRENNAN

4. DATE OF DEATH (Month) (Day) (Year): DEC - 10 1952

5. SEX: M 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Aug - 14 - 1933
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. NAVY
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Senath, Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thurman D Drennan
13b. MOTHER'S MAIDEN NAME: Elsie E Hubbard
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 8/15-1950 - 12/9/52
16. SOCIAL SECURITY NO.: 499-32-8654
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elsie M. Drennan — ADDRESS: Kennett, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental - Probably -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Face & Skull Crushed
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Inquest Pending
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Hiway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kennett, Mo Independence 035 Dunklin Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec - 10 - 1952 - 930 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

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 3:00 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter A Hawkins Cor
23b. ADDRESS: Kennett MO
23c. DATE SIGNED: 12-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec - 14 - 1952
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge
24d. LOCATION (City, town, or county) (State): Kennett Mo

DATE REC'D BY LOCAL REG.: 12-24-1952
REGISTRAR'S SIGNATURE: Carl Husband
25. FUNERAL DIRECTOR'S SIGNATURE: Paul Salisbury — ADDRESS: Kennett, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 12-26-53
COUNTY FILE NUMBER 1253-75-1

JAN 7 1953

JAN 14 1953

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. .....

Signed .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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 this body is not embalmed, fact should be so stated above.