

FILED APR 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8749

BIRTH NO.		REG. DIST. NO. 30	PRIMARY REG. DIST. NO. 5102	Registrar's No. 15
1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-N-Fristoe Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-N-Fristoe Twp.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dell Junction-S-Warsaw</u>		d. STREET ADDRESS (If rural, give location) <u>Dell Junction-S-Warsaw-S-M</u>		
3. NAME OF DECEASED a. (First) <u>JURETTA</u>		b. (Middle) <u>S-M</u>		c. (Last) <u>MITCHELL</u>
4. DATE OF DEATH (Type or Print) <u>April 2, 1953</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 29, 1878</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>
11. BIRTHPLACE (City and State or foreign Country) <u>Hickory Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>William Drenon</u>		13b. MOTHER'S MAIDEN NAME <u>JURETTA TAYLOR</u>		14. NAME OF HUSBAND OR LIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nellie Rodark, Fristoe, Mo.</u>
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Flu-Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchitis</u>		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>480x</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>1 day only</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-30</u> , 1953, and that death occurred at <u>12:04</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>R. G. Oliphant</u>		23b. ADDRESS <u>M.D., Camdenton, Mo. 6-4-53</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/5/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wass Timber Cemetery, Wass, Missouri</u>
24d. LOCATION (City, town, or county) (State) <u>Wass, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Bean, Wassaw</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 5 1953</u>		REGISTRAR'S SIGNATURE <u>Jac. A. Logan</u>		25. ADDRESS

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

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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 J. Reese*

Licensed Embalmer No. 4098

P. O. Address Warsaw, 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.