

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1098

FILED JAN 11 1954

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>4216</u>		Registrar's No. <u>282</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calhoun</u>		d. STREET ADDRESS (If rural, give location) <u>2420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor General Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u> b. (Middle) <u>Frances</u> c. (Last) <u>Drennon</u>			4. DATE OF DEATH (Month) <u>1</u> (Day) <u>2</u> (Year) <u>1934</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-18-1882</u>	
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>8</u>		11. DAYS <u>12</u>		12. IF DECEASED IN HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Cross Timbers Hickory County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>John Beasque</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Bealer</u>		14. NAME OF HUSBAND OR WIFE <u>John Drennon</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 ADDRESS <u>Herb Drennon, Wyandville 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5</u>
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) <u>4222</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>12-28</u> , 19 <u>33</u> , to <u>1-2</u> , 19 <u>34</u> , that I last saw the deceased alive on <u>1-2</u> , 19 <u>34</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ramond Jordan M.D.</u>		23b. ADDRESS <u>Windsor Mo</u>		23c. DATE SIGNED <u>1-3-34</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-4-1934</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers</u>		24d. LOCATION (City, town, or county) (State) <u>Cross Timbers Benton County</u>	
DATE REC'D BY LOCAL REG. <u>Jan-4-34</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Houser</u>		ADDRESS <u>Calhoun Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 3502

P. O. Address Calhoun, 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.