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

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31092

State File No.

BIRTH NO.		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>118</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>6da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Vernon</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>September 1, 1954</u>			
3. NAME OF DECEASED (Type or Print) <u>Thomas Russell Drennan</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 22, 1913</u>	
9. AGE (In years last birthday) <u>40</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heavy Mach. Operator</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Jehu M. Drennan</u>		13b. MOTHER'S MAIDEN NAME <u>Iva May Clinton</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Drennan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>334-01-8315</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mildred Drennan, Mt. Vernon, ILL.</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>Pulmonary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pelvic vein thrombosis</u> <u>E8120</u> DUE TO (c) <u>Accident</u> <u>25</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia, mural thrombi</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 day</u> <u>5 days</u> <u>1 day</u>
19a. DATE OF OPERATION <u>8-28-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Severed Urethra; Fracture of pelvis, Multiple</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Post oak Johnson Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 28 1954 9 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck ran over pelvis area.</u>			
22. I hereby certify that I attended the deceased from <u>8-28</u> , 19 <u>54</u> , to <u>9-1</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-1</u> , 19 <u>54</u> , and that death occurred at <u>4:20 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>David R. Holmes MD</u>				23b. ADDRESS <u>Warrensburg Mo.</u>		23c. DATE SIGNED <u>9-2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3, Sept, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon, ILL.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 2, 1954</u>		REGISTRAR'S SIGNATURE <u>Savannah Cuthbert</u>		147- 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u>		ADDRESS <u>Warrensburg, MO.</u>	

RECEIVED
SEP 7 1954
JOHNSON COUNTY HEALTH DEPT.

SEP 22 1954

1954

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 R. D. Phillips.

Signed.....
Student Embalmer

Licensed Embalmer No. 2520.

P. O. Address Warrensburg, 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.