

FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19178

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Rural (Reeds Twp)</u>		c. CITY OR TOWN <u>Reeds</u>	
c. LENGTH OF STAY (in this place) <u>none</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		e. STREET ADDRESS (If rural, give location) <u>Mo - Reeds Twp</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Drene L.</u> b. (Middle) <u>Mearns</u> c. (Last) <u>Reeds</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-30-55</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>5-23-1889</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>9</u>	11. UNDER 1 MRS. Hours <u>7</u> Mins. <u>0</u>
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10a. 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>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>John Ferguson</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Green</u>		14. NAME OF HUSBAND OR WIFE <u>Phere Mearns</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Phere Mearns</u>		ADDRESS <u>Reeds Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion fatal</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) <u>Intubation</u>					
		DUE TO (c) <u>4201</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Reeds Mo attend, 1955, that I last saw the deceased alive on 9A, 1955, and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wendell M. Brown</u>		(Degree or title) <u>Physician</u>		23b. ADDRESS <u>Reeds Mo</u>		23c. DATE SIGNED <u>6/1/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-1-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reeds</u>		24d. LOCATION (City, town, or county) (State) <u>Reeds Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-4-55</u>		REGISTRAR'S SIGNATURE <u>W. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson Sons</u>		ADDRESS <u>Reeds Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

State of Missouri
County File Number 55-6-399
Date Filed JUN 15 1955

MAY 12 1955

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
Signature of Student Embalmer

Signed Wm K Jackson

Licensed Embalmer No. 39

P. O. Address Sanofi

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.