

FILED MAY 25 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 17787

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4323

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Macoupin	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Gillespie	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) 509 Springfield	
3. NAME OF DECEASED (Type or Print) a. (First) Horace b. (Middle) Euclid c. (Last) Mercer Drennan		4. DATE OF DEATH (Month) (Day) (Year) May 2, 1956	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 30, 1874	
9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Hours Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Hornsby, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Euclid Mercer		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Parthenia Drennan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 328-22-6487	
17. INFORMANT'S SIGNATURE OR NAME O.L. Drennan		ADDRESS Woodriver, Ill.	
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) <i>Peritoneal Lymphoma?</i> INTERVAL BETWEEN ONSET AND DEATH <i>4 mos.</i> ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  202.1	
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 <i>4-20</i> , 19 <i>56</i> , to <i>5-2</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>5-1</i> , 19 <i>56</i> , and that death occurred at <i>2:35a</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>A. R. Truikel M.D.</i>		23b. ADDRESS <i>1850. Kingshieldway</i>	
23c. DATE SIGNED <i>5-2-56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>5-2-56</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Mayfield Memorial</i>		24d. LOCATION (City, town, or county) (State) <i>Carlinville, Ill.</i>	
DATE REC'D BY LOCAL REG. MAY 2 1956		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd.</i>	

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

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 *John J. Dannel*.....

Licensed Embalmer No. *919*.....

P. O. Address *St. Louis*.....

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.