. Health,
& Welfare
. Public
h Service

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securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9482
STATE FILE NUMBER

31567-57 Registration District No. 238 Primary Registration District No. 4355 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN New Madrid 0721 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Elton Middle Lee Last Drennan
4. DATE OF DEATH Month Feb. Day 16, Year 1957
5. SEX Male 0
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 6, 57
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR Months 0 Days 10 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (City and state or country) New Madrid, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME R. E. Drennan
14. MOTHER'S MAIDEN NAME Annie Lou Lott
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Annie Lou Drennan, New Madrid, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anoxemia — INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchial Congestion — 2 days.
DUE TO (c) Patent Foramen Ovale. — 10 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7543
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-6-57, to 2-16-57 and last saw her/him alive on 2-16-57
Death occurred at 3:20 - 17 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James O. Cameron D.O.
22b. ADDRESS Marston
22c. DATE SIGNED 3-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 16 Feb. 57
23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
23d. LOCATION (City, town, or county) (State) New Madrid, Missouri

24. FUNERAL DIRECTOR Richards Undertaking Co. ADDRESS New Madrid, Mo.
25. DATE RECD. BY LOCAL REG. 8 Mar 57
26. REGISTRAR'S SIGNATURE Fay Hedgpeth

(Licensed Embalmer's Statement on Reverse Side)

512

DATE RECEIVED MAR 11 1957
NEW MADRID CO. HEALTH CENTER

P. J. S.

Not Embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tommy L. Doherty

Licensed Embalmer No. 4886

P. O. Address New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.