

t. Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022573

STATE FILE NUMBER

FILED JUN 19 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 194

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|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY MARION | | | 2. USUAL RESIDENCE (Where deceased lived at institution, Residence before admission) a. STATE MISSOURI b. COUNTY MARION | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN MONROE CITY | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STELIZABETH HOSPT | | Length of stay in 1b SIX WKS | STREET ADDRESS (If outside, give location) 0510 R F D #2 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ELIZABETH Middle BARBERA Last DREON | | | 4. DATE OF DEATH Month JUNE Day 15th Year 1958 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH FEBRUARY 6 1900 | 9. AGE (In years (birthday)) 58 | IF UNDER 1 YEAR Month 4 Day 9 |
| 10a. USUAL OCCUPATION (Give kind of work done in course of normal life, even if retired) HOUSE KEEPER | | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | 11. BIRTHPLACE (City and state or country) AVOCA, MINNESOTA | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME ANTON REINART | | 13b. MOTHER'S MAIDEN NAME MARY BIERDEN | | 14. NAME OF HUSBAND OR WIFE RUSSELL L DREON | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> , or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Russell L Dreon Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cu of Head of Pancreas DUE TO (c) 157X | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____ | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 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 June 5 1958 to June 15 1958 and last saw her alive on June 15 1958 Death occurred at 945 A. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) | | | 22b. ADDRESS Hammond Mo | | 22c. DATE SIGNED 6-16-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 6.18.58 | 23c. NAME OF CEMETERY OR CREMATORY Alberta Lee Mem. Cem. | | 23d. LOCATION (City, town, or county) (State) Alberta Lee, Minnesota | |
| 24. FUNERAL DIRECTOR WILSON & Sons, Monroe, Mo ADDRESS | | 25. DATE RECD. BY LOCAL REG. 6/16/58 | | 26. REGISTRAR'S SIGNATURE Emil Lucke By H CF Fisher | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED JUN 18 1958
MARION CO. HEALTH DEPT.
DATE FILED JUN 18 1958

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 Me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Leslie L. Wilson.....

Licensed Embalmer No. 3014.....

P. O. Address MONROE CITY, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. • •

If this body is not embalmed, fact should be so stated above.