URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-030217

STATE FILE NUMBER

FILED VS SEP 12 1960

ENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 935

1. PLACE OF DEATH a. COUNTY: Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 76 years	c. CITY OR TOWN: Springfield — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. John's Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): Highland Park Crest Addition — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: BESSIE	Middle: MAY	Last: DRENNON	4. DATE OF DEATH: Month September, Day 6, Year 1960
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: August 23, 1884	9. AGE (last birthday): 76 — IF UNDER 1 YEAR: Months 0, Days 13 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: In Home	11. BIRTHPLACE (City and state or country): Greene County, Missouri	12. CITIZEN OF WHAT COUNTRY: USA	
13a. FATHER'S NAME: Joe Seiler	13b. MOTHER'S MAIDEN NAME: Carrie Helm	14. NAME OF HUSBAND OR WIFE: John H. Drennon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.	17. INFORMANT: John H. Drennon	Address: Springfield, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Post operative Gastrectomy	3 Days
DUE TO (b)	Carcinoma of stomach	24 mos
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Aug 30, 1960, to Sept 6, 1960 and last saw her/him alive on Sept 5, 1960

Death occurred at 4:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. W. Clawson, M.D.	22b. ADDRESS: 609 Cherry Springfield, MO	22c. DATE SIGNED: 6 Sept 60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Sept. 8th, 1960	23c. NAME OF CEMETERY OR CREMATORY: White Chapel
23d. LOCATION (City, town, or county) (State): Springfield, Missouri		
24. FUNERAL DIRECTOR ADDRESS: Gorman-Scharpf Funeral Home Springfield, Missouri	25. DATE RECD. BY LOCAL REG.: 9-8-60	26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 19 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed L Dookie Gorman

Signature of Student Embalmer

Licensed Embalmer No. 3177

P. O. Address Springfield

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