No. 300
10.46

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

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5515

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-Central
c. LENGTH OF STAY (in this place): YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 DeSoto

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo.
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-Central
d. STREET ADDRESS (If rural, give location): Rt. 2. DeSoto

3. NAME OF DECEASED (Type or Print): a. (First) Blanche b. (Middle) Stella c. (Last) Drennen

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4 - 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 2 - 1897
9. AGE (In years last birthday): 54 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Jefferson Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Gibbons
13b. MOTHER'S MAIDEN NAME: Martha Calahan
14. NAME OF HUSBAND OR WIFE: Wm. Drennen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Wm. A. Drennen ADDRESS: Rt. 2. DeSoto Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy Uterus abdominal cavity. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid 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
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 1951, *to* Feb. 4, 1952, *that I last saw the deceased alive on* Feb. 4, 1952, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas. E. Wen (Degree or title) D.O.
23b. ADDRESS: De Soto, Mo.
23c. DATE SIGNED: 2/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-6-52
24c. NAME OF CEMETERY OR CREMATORY: Luckey
24d. LOCATION (City, town, or county) (State): Jefferson Co., Mo.

DATE REC'D BY LOCAL REG.: 2-6-52
REGISTRAR'S SIGNATURE: Kathleen Maraden
25. FUNERAL DIRECTOR'S SIGNATURE: Lee Mothershead ADDRESS: De Soto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 8-23-57

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 _____

x _____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Andrew H England

Licensed Embalmer No. 4704

P. O. Address De Soto, 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 this body is not embalmed, fact should be so stated above.