No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2325

FILED FEB 4 1954

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mineral Spring Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike 0821
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana 0
d. STREET ADDRESS (If rural, give location): Georgia Street

3. NAME OF DECEASED (Type or Print)
a. (First): MAYME
b. (Middle): LOU
c. (Last): DREON

4. DATE OF DEATH (Month) (Day) (Year): JAN. 24, 1954

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: March 23, 1881
9. AGE (In years last birthday): 72 — If under 1 year: Months 10, Days 1 — If under 24 hrs.: 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: Housekeeping
11. BIRTHPLACE (City and State or Foreign Country): Warren Co., Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: Greenberry King
13b. MOTHER'S MAIDEN NAME: Sarah Spiers
14. NAME OF HUSBAND OR WIFE: Samuel Boone Dreon
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 — ADDRESS: Samuel B. Dreon, Louisiana, 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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Embolism — 11 days
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 332 X
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* Jan. 14th *19* 54, *to* Jan. 24th *19* 54 *that I last saw the deceased alive on* Jan. 24th *19* 54, *and that death occurred at* 10:50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE G. L. Riggs M.D. (Degree or title)
23b. ADDRESS: Louisiana, Mo.
23c. DATE SIGNED: Jan. 25 '54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/26/54
24c. NAME OF CEMETERY OR CREMATORY: New Hartford Cemetery
24d. LOCATION (City, town, or county) (State): New Hartford, Missouri

DATE REC'D BY LOCAL REG. Jan 26, 1954 — REGISTRAR'S SIGNATURE Bernice Collins 374
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Sterne Funeral Home, Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Virginia M. Stevens

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.