

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7747**

FILED MAR 18 1955

BIRTH NO.		REG. DIST. NO. <b>114</b>	PRIMARY REG. DIST. NO. <b>486</b>	Registrar's No. <b># 9</b>
1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN</b>	c. LENGTH OF STAY (In this place) <b>2 DAYS</b>	c. CITY OR TOWN <b>MORSE MILL</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NORTHSIDE HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>STAR ROUTE 0500 1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTIN</b>		b. (Middle) <b>KANE</b>	c. (Last) <b>DRINNEN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 30 55</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 21-1899</b>	9. AGE (In years last birthday) <b>55</b> IF UNDER 1 YEAR: Months <b>4</b> Days <b>9</b> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>MORSE MILL 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>DREW DRINNEN</b>		13b. MOTHER'S MAIDEN NAME <b>OLLIE WILSON</b>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>NETTIE DRINNEN SULLIVAN, Mo</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension -</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>1 yr.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>3/11, 1954</b> to <b>1/30, 1955</b> , that I last saw the deceased alive on <b>Jan 30, 1955</b> , and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>John J. de la Torre M.D.</b>		23b. ADDRESS <b>Sullivan, Missouri</b>		23c. DATE SIGNED <b>Feb 1, 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-1-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BETH ELEM CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>MORSE MILL Mo</b>	
DATE REC'D BY LOCAL REG. <b>2-4-55</b>	REGISTRAR'S SIGNATURE <b>Thomas A. Humphrey</b>	496	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. W. Eaton Sullivan, Mo.</b>	

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

Student.....  
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan,

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.