No. 300
10-48

FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19546

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5105 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hastin Rural Union Twp
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Benton
c. CITY OR TOWN Hastin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 0080

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) c. (Last) Drennon
4. DATE OF DEATH (Month) (Day) (Year) July 9, 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 22 1866
9. AGE (In years last birthday) 89 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Red Farmer
11. BIRTHPLACE (City and State or Foreign Country) Benton Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME James Drennon
13b. MOTHER'S MAIDEN NAME Martha J. Doobs
14. NAME OF HUSBAND OR WIFE Martha J. Drennon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Roy S. Drennon ADDRESS Edwards Pt 2

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) Sepsis and Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombotic Encephalomalacia and Cerebral Hemorrhage — 1 month
DUE TO (c) Advance Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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* June 10, 1956, *to* July 9, 1956, *that I last saw the deceased alive on* July 7, 1956 *and that death occurred at* 9:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Evan C Salley DO
23b. ADDRESS Warsaw, Mo.
23c. DATE SIGNED 7/9/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 10, 1956
24c. NAME OF CEMETERY OR CREMATORY Hastain Cemetery
24d. LOCATION (City, town, or county) (State) Hastain Benton Co, Mo

DATE REC'D BY LOCAL REG. July-10-1956
REGISTRAR'S SIGNATURE Jas. A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE John F. Chesen ADDRESS Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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

30

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 409

P. O. Address Warsa

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