

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032489

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 61

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>West Plains</u> 0468 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural</u> Length of stay in lb <u>75yrs</u>		d. STREET ADDRESS <u>Rt 1</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Effie Francis Drennon</u>			4. DATE OF DEATH Month Day Year <u>9-4-58</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-25-1883</u>
9. AGE (In years Last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Howell Co, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Howell Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Just Rose</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Nettleton</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Drennon</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>4200 A</u>	17. INFORMANT <u>Mr. Drennon</u> Address <u>West Plains Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u> DUE TO (b) <u>Congestive heart failure</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 weeks</u> <u>1 year</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>9/4/58</u> to <u>9/4/58</u> and last saw her/him alive on <u>9/3/58</u> Death occurred at <u>7:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. L. Fowler, M.D.</u>		22b. ADDRESS <u>West Plains Mo</u>	
22c. DATE SIGNED <u>9/12/58</u>		23a. BURIAL, CREMATION, REMAINS (Specify) <u>10</u>	
23b. DATE <u>9-7-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Howell Valley West Plains Mo</u>	
23d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>		24. FUNERAL DIRECTOR <u>Robertson's West Plains Mo</u> ADDRESS <u>9-25-58</u>	
25. DATE RECD. BY LOCAL REG. <u>9-25-58</u>		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed A. A. Roberts

Licensed Embalmer No. 3437
P. O. Address West Hill

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.