

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040786

FILED DEC 3 1958 Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 41

S. 300/
1-57

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St James Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN RFD#1 Charleston
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD#1 Charleston		Length of stay in 1b 56 yrs	d. STREET ADDRESS RFD#1 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Albert Carleton Drennan			4. DATE OF DEATH Month Day Year 11/13/1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/25/1878	9. AGE (In years 1st birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Marion, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Matson Field Drennan	13b. MOTHER'S MAIDEN NAME Martha Ann Wolf	14. NAME OF HUSBAND OR WIFE Oma Towery Drennan
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Oma Drennan, R#1 Charleston, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Starvation, inanition with edema		INTERVAL BETWEEN ONSET AND DEATH 3 weeks 1 month approx 10 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cholera	
	DUE TO (c) Carcinoma of pancreas	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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
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21. I attended the deceased from 3/17/58 to 11/9/58 and last saw ^{her} him alive on 11/9/58 Death occurred at 5:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE R. L. Proyer M.D. (Degree or title)	22b. ADDRESS East Prairie, Mo.	22c. DATE SIGNED 11/15/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/14/58	23c. NAME OF CEMETERY OR CREMATORY IOOF Charleston	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
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24. FUNERAL DIRECTOR'S NAME Funerary Funeral Home	25. DATE RECD. BY LOCAL REG. 11-25-58	26. REGISTRAR'S SIGNATURE Vertude L. Harper
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Date Filed 12/11/58

18 FEB 7 1962

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 *John F. Neumann*

Licensed Embalmer No. 3851
P. O. Address *Charleston,*

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.