Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001820

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 160 Primary Registration District No. 4250 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Pevely, Mo. — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) PEVELY MO — Length of stay in 1b 61 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO — b. COUNTY JEFFERSON
c. CITY OR TOWN PEVELY MO 0500 — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) PEVELY MO — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First HARRY Middle LEO Last DRINEN Sr.

4. DATE OF DEATH Month JAN Day 29 Year 1959

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH OCT. 10, 1897

9. AGE (In years last birthday) 61 — 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) WATCHMAN

10b. KIND OF BUSINESS OR INDUSTRY GLASS CO.

11. BIRTHPLACE (City and state or country) HORINE MO 0

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME GEORGE DRINEN

13b. MOTHER'S MAIDEN NAME AMERICA LANHAM

14. NAME OF HUSBAND OR WIFE FAY LaJAUNE

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. 489 03 4822

17. INFORMANT FAY DRINEN Address PEVELY MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) essential hypertension - diabetes - arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1955, to 1.29.59 and last saw her/him alive on 1.8.59
Death occurred at 12:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ruth B. Wersky DO. 2

22b. ADDRESS 303 W. MAIN - FESTUS MO

22c. DATE SIGNED 1.30.59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE JAN 31 1959

23c. NAME OF CEMETERY OR CREMATORY SANDY BAPTIST CEMETERY

23d. LOCATION (City, town, or county) (State) HILLSBORO MO

24. FUNERAL DIRECTOR Heiligtag Fun'l. ADDRESS one, Imperial, Mo.

25. DATE RECD. BY LOCAL REG. 1-31-59

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 24 1959

MAR 23 1959

DATE RECEIVED

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 Elmer A. Bulistag

Licensed Embalmer No. 3571

P. O. Address Imperial

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.