

No. 300
10-47
5-17-39
1 3908

FILED SEP 4 1948
Registration District No. **93**

Primary Registration District No. **4154**

Registrar's No. **67**

1. PLACE OF DEATH:

(a) County **Dade**

(b) City or town **Greenfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
North Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community **44 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade** **29**

(c) City or town **Greenfield** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **North Main Street** **0**
(If rural, give location)

(e) Citizen of foreign country? **No** **0**
(Yes or No)

If yes, name country **None**

3. (a) PRINT FULL NAME **DWIGHT D. DRISDEL**

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

4. Sex **Male** **0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lois Drisdel**

6. (c) Age of husband or wife if alive **XXXXX** years

7. Birth date of deceased **December 3 1903**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	8	16	hr. _____ min. _____

9. Birthplace **Dade County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Druggist**

11. Industry or business **Drug Store**

12. Name **Theodore J. Drisdel**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nora Cantrell**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lois Drisdel**

(b) Address **Greenfield, Mo.**

17. (a) **Burial** (b) Date thereof **8-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenfield, Cemetery**

18. (a) Signature of funeral director **Sam E. Senseney Jr.**

(b) Address **Greenfield, Mo.**

19. (a) **8-20-48** (b) **Leo A. W...**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **19**
year **1948** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **8-19**, 19**48**, to **8-28**, 19**48**
that I last saw him/alive on **8-28**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary vascular, general disease - apoplexy**

Due to _____

Due to _____

Other conditions **3/4**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **J. O. ...** (M-D. or other) _____

Address **Greenfield, Mo.** Date signed **8-20-48**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED
District
District F
Date Filed
Officer No. 6,
848-964
AUG 31 1948

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Sam E. Senaney Jr*
Licensed Embalmer No. *4099*
P. O. Address *Greenfield, MO*

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 this body is not embalmed, fact should be so stated above.