

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 18 1949

State File No. _____

No. 300
10. 48

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

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Rural Hudson</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		101	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeview Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>Macon Mo R 7-0.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Christine</u>		b. (Middle) <u>Driver</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 19-1893</u>		9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	11. IF UNDER 28 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (State or foreign country) <u>Trimbel, Mo. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Nans Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie C Westbrook</u>		14. NAME OF HUSBAND OR WIFE <u>Robert E. Driver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs V. Nelson Macon, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Brain tumor removed several years ago</u>				INTERVAL BETWEEN ONSET AND DEATH <u>50 hrs</u> <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 4, 1949</u> , to <u>July 6, 1949</u> , that I last saw the deceased alive on <u>July 6, 1949</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Describe or title) <u>C. L. Durbin</u>				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>July 15, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-9-49</u>		REGISTRAR'S SIGNATURE <u>Will McNeely</u>		185		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stephens & Gooding, Macon</u>	

SEP 20 1949

RECEIVED

AUG 15 1949

District Health Officer No. 10

District File Number 8-49-1405

Date Filed AUG 16 1949

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.

Signed *C. L. Stephens*

Signed.....
Student Embalmer

Licensed Embalmer No. 3057

P. O. Address *Macon, 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.