

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4604

State File No.

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 231

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u> <u>0396</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>2239 Benton</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2239 Benton</u> | | e. (If rural, give location) <u>8</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Marie</u> c. (Last) <u>Driscoll</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>5</u> <u>52</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <input checked="" type="checkbox"/> | |
| 8. DATE OF BIRTH <u>10-28-1879</u> | | 9. AGE (In years last birthday) <u>72</u> | | IF UNDER 1 YEAR Days <u>4</u> IF UNDER 12 HRS. Hours <u>7</u> Min. <u>-</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 | | 11. BIRTHPLACE (State or foreign country) <u>Logan County, Kentucky</u> |
| | | | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>James Dorris</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Hollis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles Driscoll</u> | |
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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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Driscoll, Springfield, Missouri</u> | |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | DUE TO (b) <u>Malnutrition</u> | | | | <u>5 yrs.</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) <u>Generalized Arteriosclerosis</u> | | | | <u>5 yrs.</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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| 19a. DATE OF OPERATION <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>+200</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
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22. I hereby certify that I attended the deceased from 2-25, 1952 to 3-5, 1952, that I last saw the deceased alive on 3-5, 1952 and that death occurred at 11:35 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>William J. Paul, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>609 Cherry Springfield</u> | | 23c. DATE SIGNED <u>3/7/52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/7/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u> | | 24d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>3-7-52</u> | | REGISTRAR'S SIGNATURE <u>James R. Amos, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene E. Holden Hartville, Mo.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed Gene E. Holdren.....

Licensed Embalmer No. 3865.....

P. O. Address Hartsville, 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.