

FILED AUG 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28612

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Marshall, Mo.</u>		c. CITY OR TOWN <u>Marshall</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 1/2 Hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>427 N. Odell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Florence</u>	b. (Middle) <u>Lula</u>	c. (Last) <u>Driskell</u>	(Month) <u>Aug.</u>	(Day) <u>8</u>	(Year) <u>1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 10-1892</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	11. UNDER 1 HR. Hours <u></u> Mins. <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 <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Leonard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Tipton Shinkle</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Smith</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>Mary Louise Driskell-Marshall, Mo.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour 2 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardiovascular disease - failure - 4201H</u>		
	DUE TO (c) <u>*generalized metastatic carcinoma believed to be hepatic.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(may be primary cause of failure)</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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18, 1955, to 8-8, 1955, that I last saw the deceased alive on 8-8, 1955, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph H. Jones M.D.</u>	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>8-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8/10/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bridge Park</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-11-55</u>	REGISTRAR'S SIGNATURE <u>Orvil H. Keady Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Healy Sweeney-Marshall, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1955

**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.....  
Licensed Embalmer No. 2, 3, 4

P. O. Address.....

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.