No. 300
0.48

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

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8096

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 314

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): Abt 40yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 104 North 2nd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 104 North 2nd St.

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): HARRISON
c. (Last): DRISKELL

4. DATE OF DEATH (Month): Mar (Day): 14 (Year): 1956

5. SEX: Male D
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 9, 1887
9. AGE (In years last birthday): 69 — 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): Ret. Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (City and State or Foreign Country): Nashville Tennessee
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: David H. Driskell
13b. MOTHER'S MAIDEN NAME: Laura Cunningham
14. NAME OF HUSBAND OR WIFE: Birdie Driskell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.#1
16. SOCIAL SECURITY NO.: 491-09-5058
17. INFORMANT'S SIGNATURE OR NAME: Josephine Driskell — ADDRESS: St. Joseph, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Signed as an unattended
DUE TO (c) death in city of St. Joseph

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4 201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ visited the ~~deceased~~ from* 3-14, 19 56, *to* _____, 19____, *that I ~~last saw the~~ have not seen the deceased alive on* _____, 19____, *and that death occurred at* 10:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard L. Mazzini M.D. (Degree or title) Coroner Health Phy
23b. ADDRESS Physicians Surgeons Bldg. 216
23c. DATE SIGNED 3-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-17-56
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24d. LOCATION (City, town, or county): St. Joseph (State): Missouri

DATE REC'D BY LOCAL REG.: Mar 22, 1956
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: Stanley Funeral Home — ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

85-0

MAR 27 1958

MAR 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Charles E. Bennett.....

Licensed Embalmer No. 46.7

P. O. Address Alt Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.