

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26735

State File No. \_\_\_\_\_ Registrar's No. 32

FILED AUG 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>West Plains,</b>		c. CITY OR TOWN <b>West Plains</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 months</b>		e. STREET ADDRESS (If rural, give location) <b>0461 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Canzada</b> b. (Middle) <b>Ellen</b> c. (Last) <b>Driver</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 12, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 14, 1869</b>
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Oregon County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Van Buren Bledsoe</b>	

13b. MOTHER'S MAIDEN NAME <b>Elizabeth Carter</b>		14. NAME OF HUSBAND OR WIFE <b>James Thomas Driver</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Sallie Harmon, Kansas City, Missouri</b> ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDITIS CHRONIC</b>		ANTECEDENT CAUSES		<b>YEARS</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>ARTERIOSCLEROSIS, GENERALIZED</b>			
DUE TO (c) <b>SENILITY MAINTAIN</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) m.		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 **7-24** 19**56** to **8-12**, 19**56** that I last saw the deceased alive on **8-14**, 19**56**, and that death occurred at **6:30** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jack N. Wilson, M.D.</b> (Degree or title)		23b. ADDRESS <b>West Plains, Mo 8-14-56</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-14-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mint Springs Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Howell County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leatrice Cook</b> ADDRESS <b>Leland Carter, Sham, Mo</b>			
DATE REC'D BY LOCAL REG. <b>8-15-56</b>		REGISTRAR'S SIGNATURE			

(Licensed Embalmer's Statement on Reverse Side)

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

3790

**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..... *Edward Carter* .....

Licensed Embalmer No. *4516* .....

P. O. Address *Hayes, Va.* .....

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.