		THE DIVISION OF HEALTH OF MISSOURI	33'763
alth, Velfare	FILED NOV 13 1956	STANDARD CERTIFICATE OF DEATH	STATE FILE NUMBER
blic 2	Registration Distri	ct No. 137 Primory Registration District	No. 3023 Registrar's No. 298
J 40	1. PLACE OF DEATH	2. USUAL RESIDENCE	(Where deceased lived. If institution: Residence before admission)
300	a. COUNTY Henry		souri Henry
-56	b. CITY (If outside corporate limits, give TO)	l u ll op a s	Inside Limits
	c. FULL NAME OF (If NOT in hospital, give in	TOWN CZ,	N toN O YOU NOO
į	HOSPITAL OR INSTITUTION 303 W. Franklin	I II d. STREET	(If autside, give location) Reside on Farm W. Franklin Yes D Nak
	3. NAME OF First	Middle Last	4. DATE Month Day Year
<u> </u>	(Type or print) Leonard	Benjamin Driggers	DEATH November 1, 1956
3 =	5. SEX 6. COLOR OR RACE 7. M	ARRIED ALEVER MARRIED . 8. DATE OF BINTH	9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last hirthday) Months Days Hours Min.
0		IDOWED DIVORCED March 14	
å ш	during most of working life, even if retired)	2 1 2	// 2/ = 0
4 B	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAMI	A A C C C C C C C C C C C C C C C C C C
a death c	William Drian	ers Morgaret	Virginia Yarbranal
5 P	15. WAS DECEASED EVER IN U. S. ARMED FORCES! (Yes, no, or unknown) (If pre, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT	Address
i y	70	499-07-2364 Susie I	Drigoers Chinton Mo
certif WRIT	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
not c	IMMEDIATE CAUSE (a)	relical herron	rage 3his
5 Z	Conditions, if any. Due to (b)	crebral hemon	las. 14mo.
Coroner RIBBON	which gave rise to above cause (a), stating the under-		331.X
	z lying cause last. DUE TO (c)	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND	
K OR		BOTHS TO BEATH BUT NOT RECATED TO THE TERMINAL DISEASE COME	PERFORMED?
relate INK	1 <i>P</i> " 1	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injuty	
ACK			
ssually	OC. TIME OF Hour Month, Day, Year INJURY a. m. p. m.	• • •	
be ca	D P. m. ▼ 20d. INJURY OCCURRED 20e. PLACE OF	INTURY (a. a. in or should have 1904 CITY TOUR OR LOCA	TION COUNTY STATE
t i	WHILE AT NOT WHILE	INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCA bry, street, office bldg., etc.)) COUNTY STATE
בֿ <u>י</u> בֿ		28-49 11-1-56	ad last any her alice as 10-3-56
- -	21. I attended the deceased from	m on the date stated above; and to the	e best of my knowledge, from the causes stated.
ď		ree of title) 22b. ADDRESS	22c. DATE SIGNED
} <u> </u>	1x 10 Twell	1 DO Chin	Ton mo 11/3/56
\$ D	23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	[m. 1 1 1	LOCATION (City, town. or county) (State)
\$ -	24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
3 L 1	Y. E. Consalus C.	LINTON MO. 11-5-56	Mildred Bigum
	· U (Li	censed Embalmer's Statement on Reverse Side)	J.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No
working under my personal supervision

Student Signature of Student Embalmer Signed Licensed Embalmer No. 46

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

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.