Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004091
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 323 Primary Registration District No. 6090 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Liberty township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R#1 Marshall — Length of stay in Ib: Entire life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Liberty township — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R#1 Marshall — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Hebrew Middle: Last: Driskell
4. DATE OF DEATH: Month Jan. Day 24 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 13, 1882
9. AGE (In years last birthday): 76 — 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): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Saline County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Greenberry Driskell
13b. MOTHER'S MAIDEN NAME: Charlotte Eveline Tevis
14. NAME OF HUSBAND OR WIFE: Anna Sophia Driskell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-12-8967
17. INFORMANT: Charles H. Driskell Address: Marshall, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 5 yrs.
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchial Asthma 5 yr. Partial Intraventricular Block
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Oct 55, to Jan 59 and last saw her him alive on 29 Dec 58
Death occurred at 9 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: C. Lee McCorkle M.D. (Degree or title)
22b. ADDRESS: Marshall Mo
22c. DATE SIGNED: 26 Jan 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-27-59
23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens
23d. LOCATION (City, town, or county) (State): Marshall, Missouri
24. FUNERAL DIRECTOR: Campbell-Lewis ADDRESS: Marshall, Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 27, 1959
26. REGISTRAR'S SIGNATURE: Mary Moseley

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be issued. All diseases in Part I must be causally related.

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 R.W. Campbell

Licensed Embalmer No. 346

P. O. Address Marshal

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.