

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022260

State File No.

FILED JUN 22 1959

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN New Madrid Township)	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN New Madrid	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS 0720 (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Bill b. (Middle) Conulius c. (Last) Driver			4. DATE OF DEATH (Month) (Day) (Year) June 10 59		
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5. SEX M	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 27 1901		9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY -- --		11. BIRTHPLACE (City and State or Foreign Country) Miss.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Vogar Driver		13b. MOTHER'S MAIDEN NAME Letha Carter		14. NAME OF HUSBAND OR WIFE Annie Robinson Driver			
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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. 493-42-9120		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Driver Matthews R.1 Bx 75			
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18. CAUSE OF DEATH Enter 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) Cerebro Vasculer Accident				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Hyperten					
		DUE TO (c) sion -					
		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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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) 331x	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May 15, 1943, to June 10, 1959, that I last saw the deceased alive on June 7th, 1959, and that death occurred at 9³⁰ m., from the causes and on the date stated above.

23a. SIGNATURE D.B. Chandler MD (Degree or title)		23b. ADDRESS New Madrid Mo		23c. DATE SIGNED 6/12/59	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/14/59		24c. NAME OF CEMETERY OR CREMATORY Fannie Powell		24d. LOCATION (City, town, or county) (State) Near New Madrid, Mo.	
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DATE REC'D BY LOCAL REG. 6/12/59		REGISTRAR'S SIGNATURE Fay Hudguth		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richards Und't Co. New Madrid, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1959 JUL 9 6561

1959 JUL 1 6561

DATE RECEIVED
NEW MADRID CO. HEALTH CENTER
[Signature]

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 *[Signature]*.....

Licensed Embalmer No. *380*

P. O. Address *New Madrid*

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.