

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-004692

FILED VS FEB 9 1960 **323**

Registration District No. **4474** Registrar's No. **4**

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SWEET SPRINGS		c. CITY OR TOWN CONCORDIA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LANGE REST HOME		d. STREET ADDRESS (If outside, give location) 410 MAGDALENA ST.	

3. NAME OF DECEASED (Type or print) First HULDA Middle C Last DRIVER			4. DATE OF DEATH Month FEB Day 4 Year 1960		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT 8 1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY DAY LABOR	11. BIRTHPLACE (City and state or country) LAFAYETTE Co. MO	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME GEORGE DRIVER	13b. MOTHER'S MAIDEN NAME CHARLOTTE WITCHHOFF	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. DO NOT KNOW	17. INFORMANT JULIUS DRIVER Address CONCORDIA, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hodgkins' Disease		INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Feb 12, 1955 to Feb 4, 1960 and last saw her <u>her</u> alive on Jan 26, 1960 Death occurred at 6:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE H. A. Rudy M.D. (Degree or title)	22b. ADDRESS Concordia, Mo	22c. DATE SIGNED 2/5/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/8/60	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S	23d. LOCATION (City, town, or county) (State) CONCORDIA MO.
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24. GENERAL DIRECTOR ADDRESS E. S. Juma Concordia, Mo	25. DATE RECD. BY LOCAL REG. Feb. 6, 1960	26. REGISTRAR'S SIGNATURE Mary Crowley
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Concordia

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.