

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046461

FILED VS JAN 4 1967

Registration District No. 146 Primary Registration District No. 9026 Registrar's No. 9 STATE FILE NUMBER

2/1/02
 L. W. DRISKELL
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF Informant

| | | | | | | | |
|---|--|--|---|--|---|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY JACKSON | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE | | a. STATE MISSOURI b. COUNTY JACKSON | | c. CITY OR TOWN INDEPENDENCE | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP. | | Length of stay in 1b- 42 yrs. | | d. STREET ADDRESS 1238 CLAREMONT | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First ABNER | | Middle LEE | | Last DRISKELL, SR. | | Month DECEMBER Day 28 Year 1960 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-26-1898 | 9. AGE (last birthday) 62 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLORIST | | 10b. KIND OF BUSINESS OR INDUSTRY A.F. BARBE FLORIST | | 11. BIRTHPLACE (City and state or country) Pittis MO, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME E. W. DRISKELL | | | 13b. MOTHER'S MAIDEN NAME IBBY F. DRISKELL | | | 14. NAME OF HUSBAND OR WIFE MATTIE A. DRISKELL | |
| 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. 486-10-2077 | | 17. INFORMANT Address Mattie A. Driskell, 1238 Claremont, Indep. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myelogenous leukemia) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 mo | |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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.) | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | | | |
| 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 | |
| 21. I attended the deceased from Oct 1960 to 12/29/60 and last saw ^{her} him alive on 12/27/60 Death occurred at 3:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Deegee or title) James C. Carson, M.D. | | | | 22b. ADDRESS 10901 Winner Rd Independence, MO | | 22c. DATE SIGNED 12/29-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 12-30-60 | | 23c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEMETERY | | 23d. LOCATION (City, town, or county) INDEPENDENCE, MO. | |
| 24. FUNERAL DIRECTOR ADDRESS GEO. C. CARSON & SONS, INDEPENDENCE, MO. | | | | 25. DATE RECD. BY LOCAL REG. 12-30-60 | | 26. REGISTRAR'S SIGNATURE James C. Carson | |

28
JAN 10 1961

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hal Shouber

Licensed Embalmer No. 34

P. O. Address Indep, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.