MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED JAN 2 1963

Registration District No. 3016 Primary Registration District No. 3016 Registrar's No. 497

62-046305

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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	8269 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ.

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON CITY, MO. — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1707 HAYSELTON DR — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: COLE
c. CITY OR TOWN: JEFFERSON CITY, MO. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1707 HAYSELTON DR. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HOSEA Middle PEARL Last DRISLER

4. DATE OF DEATH: Month DEC. Day 13, Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/12/75

9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months 0 Days 1 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroad Engeneer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Richmond Va.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Henry Drisler

13b. MOTHER'S MAIDEN NAME: Salome Reider

14. NAME OF HUSBAND OR WIFE: Mary Margaret Sullivan

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.: None

17. INFORMANT: Mrs. Mary Margaret Drisler — Address: J C MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arteriosclerosis C-V disease — 4 yr.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 3/23/58, to 12/13/62 and last saw ~~her~~ him alive on 12/13/62

Death occurred at 11 15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): N Kanagawa MD.

22b. ADDRESS: 515 E High St

22c. DATE SIGNED: 12/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12/17/62

23c. NAME OF CEMETERY OR CREMATORY: Resurrection

23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR: Sylvester Drill — ADDRESS: J C MO.

25. DATE RECD. BY LOCAL REG.: 23 December 1962

26. REGISTRAR'S SIGNATURE: R.P. Darris M.D. — N Richter, Dep.

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1963

JAN 4 1963

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 Sylvester [illegible]

Licensed Embalmer No. 4321

P. O. Address Jefferson City Mo.

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.