MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. _137_ Primary Registration District No. _4218_ Registrar's No. _357_

68 0001728 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB	AMENDED
VS 300 Rev. 4/59	DATE AMENDED
1	1	0421
2	77	
3		0420
4	1	
5	2	
6	485X	
7		
8	4	
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10		
11	5	
12		
13	1—0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS · INSTEAD OF · SHOULD READ · ITEM NO.

MEDICAL CERTIFICATION · BY AFFIDAVIT OF · DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JAN 22 1968

1. PLACE OF DEATH
   a. COUNTY: Henry
   b. CITY OR TOWN: Windsor — Length of stay in 1b: 61 years
   c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Windsor hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo
   b. COUNTY: Henry
   c. CITY OR TOWN: Windsor — Inside Limits: Yes ☐ No ☒
   d. STREET ADDRESS (If outside, give location): Route # 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)
   First: EMMA Middle: Last: DRISKELL

4. DATE OF DEATH: Month / Day / Year: January 17, 1968

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-19-1890
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE: Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Walter Whitmore
13b. MOTHER'S MAIDEN NAME: Amelia (Unknown)
14. NAME OF HUSBAND OR WIFE: Angelo A. Driskell — Address

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.: 495-40-4353
17. INFORMANT: Mr. Walter Driskell   Windsor, Mo.

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

PART 1. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	anoxia	hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute congestive failure	days
DUE TO (c)	Bronchopneumonia	days

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. ☐ 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 _12-20-67_ to _1-17-68_ and last saw her alive on _1-17-68_
    Death occurred at _10:35_ A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. R. Mason, Jr. D.O. (Degree or title)
22b. ADDRESS: Windsor, Mo.
22c. DATE SIGNED: 1-18-68

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-19-1968
23c. NAME OF CEMETERY OR CREMATORY: Laurel Oak Cemetery
23d. LOCATION (City, town, or county): Windsor, Missouri (State)

24. FUNERAL DIRECTOR: Huston-Hadley   ADDRESS: Windsor, Mo.
25. DATE REC'D. BY LOCAL REG.: Jan. 20, 68
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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_____   Signed _____
       Signature of Student Embalmer

Licensed Embalmer No. 5220

P. O. Address Windsor, 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.