

No. 2
-1/47
5-17-39

26078

State File No.

Registrar's No. 177

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics
FILED AUG 31 1948

Registration District No. 27

Primary Registration District No. 4218

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 507 West Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 years (Specify whether years, months or days)

In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor
(If outside city or town limits, write "RURAL")

(d) Street No. 507 West Jackson
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Goldie Carter Driskell

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1948 hour 1 minute a M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elgan E. Driskell

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased September 30 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 24 1948 to Aug. 24 1948
that I last saw her alive on Aug. 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Basix

Duration 1 day

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>24</u>	<u>4</u> hr. <u>4</u> min.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Council Bluffs Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Major findings: no operations
Of operations in 1945

Of autopsy no autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name George Carter

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Roberta Clatterbuck

15. Birthplace Unknown W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Driskell

(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-48
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner

(b) Address Windsor, Mo.

19. (a) Aug 27 - 48 (Date received local registrar) (b) R. R. Kennedy (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature J. A. Blackmore (M.-D. or other)
Address Windsor, Mo. Date signed 8-26-48

RECEIVED

District Health Officer No. 7,

District File Number 2-48-993

Date Filed 8-30-48

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

William M. Turner

Registered Apprentice No. 470

working under my personal supervision.

Signed

Ellen Hutton

Licensed Embalmer No. 3391

P. O. Address Windsor Mass

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 this body is not embalmed, fact should be so stated above.