

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25922

State File No.

BIRTH NO. REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5513 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Henry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bethlehem c. LENGTH OF STAY (If institution) 4 months

c. CITY OR TOWN Clinton RR#2 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 2 Clinton

STREET ADDRESS (If rural, give location) Bethlehem Township 420

3. NAME OF DECEASED (Type or Print) a. (First) Mettie b. (Middle) F. c. (Last) Driggs

4. DATE OF DEATH (Month) (Day) (Year) August 24 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOW, DIVORCED (Specify)

8. DATE OF BIRTH Dec. 16 1876

9. AGE (In years) (Month) (Day) (Year) (If under 1 year: Months) (Days) (Hours) (Min.) 78

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

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Mr. Sterling, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James A. Campbell

13b. MOTHER'S MAIDEN NAME Maomi E. Biggs

14. NAME OF HUSBAND OR WIFE O.A. Driggs (Deceased)

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'S SIGNATURE OR NAME ADDRESS Mrs. Ernest Caldwell Clinton, Mo.

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterial sclerosis
DUE TO (c) Senility
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 332X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955 to Aug 24, 1955, that I last saw the deceased alive on Aug 20, 1955, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS Clinton Mo.

23c. DATE SIGNED aug 25

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE August 26, 55

24c. NAME OF CEMETERY OR CREMATORY Englewood

24d. LOCATION (City, town, or county) (State) Clinton, Missouri

DATE REC'D BY LOCAL REG. Aug 25-55

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Clinton, Missouri

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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.....

J. E. Gonzalez

Licensed Embalmer No. *12*

P. O. Address *Christ*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.