

No. 2
M-5-43
5-17-39
I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32136

FILED OCT 27 1948

State File No. _____
Registrar's No. 351

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Brandon Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter

(c) City or town Rural Van Buren
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph E Driskill

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Ollie 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 7 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 9, 1948 to Oct. 13, 1948; that I last saw him alive on Oct. 13, 1948; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>6</u>	hr. _____ min.

Immediate cause of death Cerebral hemorrhage *Duration 10-9-48*

Due to Hypertension

Due to _____

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

9. Birthplace Oregon County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jos. B. Driskill

13. Birthplace Benton Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Laird

15. Birthplace Ripley Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ollie Driskill
(b) Address Van Buren Mo.

17. (a) Burial (b) Date thereof 10-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Valley Cemetery

18. (a) Signature of funeral director Phil A. Leuckel
(b) Address Van Buren Mo.

19. (a) 10/21/48 (b) P. H. [Signature]
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 830

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature [Signature] (M. D. or D. O.)
Address Poplar Bluff, Missouri Date signed 10/19/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

DEC 22 1948

RECEIVED

District Health Office No. 2,

District File Number 10-1384

Date Filed 10-25-48

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 on 10-12-48

....., Registered Apprentice No.
working under my personal supervision.

Signed Phil A. Leuchel
Licensed Embalmer No. 2936
P. O. Address Van Buren 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 this body is not embalmed, fact should be so stated above.