

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3594**

FILED JAN 29 1952

REG. DIST. NO. **323293** PRIMARY REG. DIST. NO. **6091** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Salt Pond</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Salt Pond</b>	
c. LENGTH OF STAY (In this place) <b>4 1/2 years</b>		d. STREET ADDRESS (If rural, give location) <b>2 miles North of Sweet Springs Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 miles North of Sweet Springs</b>			
3. NAME OF DECEASED (Type or Print) <b>Everett</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 24 1952</b>	
a. (First) <b>George</b>		b. (Middle) <b>Driver</b>	
c. (Last) <b>Driver</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	
8. DATE OF BIRTH <b>Oct 25, 1910</b>		9. AGE (In years last birthday) <b>41</b> Months <b>7</b> Days <b>29</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Road work</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>William Driver</b>	13b. MOTHER'S MAIDEN NAME <b>Edna Kuntz</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>525-09-2525</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Driver, Sweet Springs MO</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Occlusion - Distal</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **made an inspection Jan 24, 1952**, 19**52**, to **Jan 24, 1952**, 19**52**, that I last saw the deceased alive on **Jan 24, 1952**, 19**52**, and that death occurred at **7 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>P. Lewis, Coroner Saline Co. Mo.</b>	23b. ADDRESS <b>Missouri</b>	23c. DATE SIGNED <b>1-24-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 26, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sweet Springs MO</b>
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DATE REC'D BY LOCAL REG. <b>1/25/52</b>	REGISTRAR'S SIGNATURE <b>Dolly Andrew</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edgar Mowley</b>	ADDRESS <b>Sweet Springs, MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

970  
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RECEIVED JAN 28 1952

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed JAN 28 1952

76581 L 82787

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 \_\_\_\_\_  
Student Embalmer

Signed Edgar L. Moseley  
Licensed Embalmer No. 47110

P. O. Address Sweet Springs, Ma

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.