

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17775

State File No.

FILED JUN 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> <u>0402</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> <u>0402</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton, Mo. Trenton Twp.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 Ridgeway</u>		d. STREET ADDRESS <u>315 Ridgeway, Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Orliff</u> c. (Last) <u>Driskill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>12</u> <u>1953</u>
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5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12/15/1886</u>	9. AGE (In years last birthday) <u>66</u> if UNDER 1 YEAR Months <u>4</u> Days <u>29</u> if UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>car inspector</u>	11. BIRTHPLACE (State or foreign country) <u>Princeton, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Wm. Morris Driskill</u>	13b. MOTHER'S MAIDEN NAME <u>Etta Day</u>	14. NAME OF HUSBAND OR WIFE <u>Olive Driskill</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>707-16-6416</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Olive Driskill</u>	ADDRESS <u>315 Ridgeway</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>suddenly</u>
	DUE TO (b) <u>died in his sleep.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>		<u>9 years</u>
18. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/20/</u>	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) (Min.)	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 Jan 24, 1950, to May 12, 1953, that I last saw the deceased alive on May 9, 1953 and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffy, M.D.</u> (Degree or title)	23b. ADDRESS <u>Princeton, Mo</u>	23c. DATE SIGNED <u>May 13 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/14/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oddfellow Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-14-53</u>	REGISTRAR'S SIGNATURE <u>Jane Sai</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Sporn</u>	ADDRESS <u>Princeton, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 25 1953

JUN 25 1953
JUN 3 1953

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.....

me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Chris G. Eason*

Licensed Embalmer No. *3109*

P. O. Address *Trenton, 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.