

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41418

State File No.

FILED DEC 19 1955

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Morgan Township</u>		c. CITY OR TOWN <u>Versailles</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>g 110</u>
c. LENGTH OF STAY (in this place)		f. STREET ADDRESS (If rural, give location) <u>5 N. N. E. Versailles, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 N. N. E. Versailles</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelius</u> b. (Middle) <u>Bronner</u> c. (Last) <u>Driver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 1, 1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months <u>6</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Daniel Driver</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Bronner</u>	14. NAME OF HUSBAND OR WIFE <u>Lydia Mary Driver</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lydia Driver Versailles, Mo.</u>

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, asthma, 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) <u>Circulatory failure (heart block)</u>		<u>few min.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Septal thrombotic myomalacia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arteriosclerosis</u>		<u>20-30 min</u>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		<u>4330</u>	<u>Years</u>

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1955, to Dec. 15, 1955, that I last saw the deceased alive on Oct 14, 1955, and that death occurred at 5:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title?) <u>P. F. Eckhoff D.O.</u>	23b. ADDRESS <u>Versailles, Missouri</u>	23c. DATE SIGNED <u>12-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>18 Dec. 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morgan Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-17-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. Kidwell Versailles, Mo.</u>
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WRITE PLAINLY—USING UNFADING 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..... *Raymond C. Linder*.....

Licensed Embalmer No. *462*

P. O. Address *Hessville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.