

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035151
STATE FILE NUMBER

8
FILED OCT 14 1958

Registration District No. 324 Primary Registration District No. 30720 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Marshall		c. CITY OR TOWN Marshall 0970	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Johnson Nursing		d. STREET ADDRESS 3 miles W Marshall	
Length of stay in 1b 1 month		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MELISSA BELLE DRISKELL			4. DATE OF DEATH Oct. 5, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 5, 1873	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Saline Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Parnick George			14. MOTHER'S MAIDEN NAME Nancy Curry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. W.R. Cox R3 Marshall		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Synov.		7 days.
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fr. Hip. Sept 7.		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 097	
20c. TIME OF INJURY Hour a. m. p. m. 097		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Marshall, Missouri		20g. COUNTY		20h. STATE	

21. I attended the deceased from Sept 7 1958 to Oct 5, 1958 and last saw ^{her} alive on Oct 5 1958 Death occurred at 2:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B. J. Kumpfeld M.D.			22b. ADDRESS Marshall, Missouri		22c. DATE SIGNED 10-6-58

23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 10-7-1958	23c. NAME OF CEMETERY OR CREMATORY Hazel Grove, Cemetery	23d. LOCATION (City, town, or county) (State) Saline, Co, Missouri
24. FUNERAL DIRECTOR Lucy Reser Marshall		25. DATE RECD. BY LOCAL REG. Oct 6-58	26. REGISTRAR'S SIGNATURE Carl J. Reed

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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 *Jack W. Reser*.....
Licensed Embalmer No. *467*

P. O. Address *Marshall*

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