

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2400

State File No. ....

No. 300  
10.48  
FILED JAN 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3252</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Ray</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Ray</b>	
c. LENGTH OF STAY (in this place) <b>1 hour</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond</b>		d. STREET ADDRESS (If rural, give location) <b>North Thornton Street</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Country Club Cafe</b>				d. STREET ADDRESS (If rural, give location) <b>North Thornton Street</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>Goldie</b>	b. (Middle) <b>Frances</b>	c. (Last) <b>Driskell</b>	Month <b>Jan.</b>	Day <b>5,</b>	Year <b>1952</b>	Female	White
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Female		White		Married		Aug. 27, 1923	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
28		Housewife		Missouri		USA	
13a. FATHER'S NAME <b>William Gash</b>		13b. MOTHER'S MAIDEN NAME <b>Leona May Shields</b>		14. NAME OF HUSBAND OR WIFE <b>Harold D. Driskell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
No		496-20-0466		Harold D. Driskell, Richmond, Mo.			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				INTERVAL BETWEEN ONSET AND DEATH			
Internal Haemorrhage							
ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				Gun shot wound			
DUE TO (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?	
		E981X				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. MANNER OF DEATH (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
Suicide HOMICIDE		Country Club Cafe		Richmond Ray Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
1-5-52-6 <sup>15</sup> m.				Gun shot wound			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
John F. Baker, 3rd coroner				Richmond, Mo.		1-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		1-8-1958		Woodland Cemetery		Richmond, Missouri	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
Jan. 8-1952		Washed Jackson		Thomas J. Carter Richmond, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

91  
3

**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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.