

THE DIVISION OF HEALTH OF MISSOURI
 FILED OCT 8 1949 STANDARD CERTIFICATE OF DEATH

State File No. 32728

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>3075</u>		Registrar's No. <u>61</u>			
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. LENGTH OF STAY (in this place) <u>50 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>Dry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22 1949</u>						
5. SEX <u>Male</u> <input checked="" type="checkbox"/>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 11, 1894</u>			
				9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Day labor</u>		11. BIRTHPLACE (State or foreign country) <u>Anna, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Richard M. Dry</u>			13b. MOTHER'S MAIDEN NAME <u>Maggie Slickdale</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Dry</u>				
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace Dry Dexter, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u> <u>157X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Operation exploratory May 1948</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>Barnes Hosp. St. Louis</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Aug. 5, 1949</u> , to <u>Sept. 22, 1949</u> , that I last saw the deceased alive on <u>Sept. 22, 1949</u> , and that death occurred at <u>1 1/2</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. J. Cannon, M.D.</u>				23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>9/26/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-27-1949</u>		REGISTRAR'S SIGNATURE <u>William J. Parkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Ser. Dexter, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED OCT 4 19

District Health Office No

District File Number 1049-5

Date Filed _____

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 Walter Marsh Wathen

Licensed Embalmer No. 4717

P. O. Address Seyster, Md

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.