

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 3 1951

State File No. 4721
692

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>BAINBRIDGE Hotel</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				3. NAME OF DECEASED a. (First) <u>Garrard</u> b. (Middle) <u>Vernon</u> c. (Last) <u>Dryden</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>2--11--1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>Nov 13 1874</u>		9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel & Hdw.</u>			
11. BIRTHPLACE (State or foreign country) <u>Lee's Summit Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Dryden</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wilson</u>			
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-10-3265</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Dryden, Alcazar Hotel K.C. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension-arteriosclerotic</u> <u>C.V.R. disease, with</u> DUE TO (c) <u>Congestive failure and anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>10 yrs</u> <u>2 mos</u> <u>1 week</u> <u>442X</u>	
19a. DATE OF OPERATION <u>→</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) (Min) _____		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 <u>1-30</u> <u>1949</u> , to <u>2-11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-11</u> , 19 <u>51</u> , and that death occurred at <u>6:10 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank B. Leitz</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1530 Prof. Bldg. Leitz, Mo</u>		23c. DATE SIGNED <u>2/12/1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/13/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-14-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M.B. Langford</u>		ADDRESS <u>Lee's Summit Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *W. B. Langford*

Signed.....
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.