

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23455

507  
1

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 1031 Registrar's No. 38-

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jefferson   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.)<br>a. STATE Mo b. COUNTY Jefferson |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles 0923                         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Deacon Rd.                                   |  | d. STREET ADDRESS (If rural, give location) 1   |  |

|   |                          |  |  |                                    |   |
|---|--------------------------|--|--|------------------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) ELLEN b. (Middle) JOSEPHINE c. (Last) DRYDEN   |                          |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>July 6 1951  |                                    |   |
| 5. SEX F 3  | 6. COLOR OR RACE COLORED | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan 12, 1910                            | 9. AGE (In years last birthday) 41 | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home |                          | 10b. KIND OF BUSINESS OR INDUSTRY                              | 11. BIRTHPLACE (State or foreign country) California Mo. |                                    | 12. CITIZEN OF WHAT COUNTRY U.S.A.        |

|                                |  |   |
|--------------------------------|--|---|
| 13a. FATHER'S NAME Wm Yeargain | 13b. MOTHER'S MAIDEN NAME Ethel Martin | 14. NAME OF HUSBAND OR WIFE Clarence Dryden |
|--------------------------------|--|---|

|   |                                 |   |                     |
|---|---------------------------------|---|---------------------|
| 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. unknown | 17. INFORMANT'S SIGNATURE OR NAME Addie Scott | ADDRESS Sedalia Mo. |
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|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br>5 Mo. |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcinoma of uterus   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) generalized metastasis |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 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 Nov 21 1951, to July 6, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

|   |                          |                          |
|---|--------------------------|--------------------------|
| 23a. SIGNATURE [Signature] (Degree or title) M.D. | 23b. ADDRESS Sedalia Mo. | 23c. DATE SIGNED 7-16-51 |
|---|--------------------------|--------------------------|

|  |                       |  |   |
|--|-----------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 8 1951 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) Sedalia (State) Mo. |
|--|-----------------------|--|---|

|                                  |                                    |  |                     |
|----------------------------------|------------------------------------|--|---------------------|
| DATE REC'D BY LOCAL REG. 7-16-51 | REGISTRAR'S SIGNATURE Marie Harris | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS Sedalia Mo. |
|----------------------------------|------------------------------------|--|---------------------|

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

DATE RECEIVED 7-18-51  
HILLSBORO, MISSOURI  
JULIEN COOK HEALTH DEPT.

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.....

*Donnell B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address.....

*Delato mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.