

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24882

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Mermac Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Calvery Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (Mermac River)		d. STREET ADDRESS (If rural, give location) RFD #1 Robertsville.	
3. NAME OF DECEASED (Type or Print) a. (First) OTTO		b. (Middle) E.	
		c. (Last) DRYER	
4. DATE OF DEATH (Month) (Day) (Year) July 7, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30, 1888
9. AGE (In years last birthday) Months Days 64		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Dairy	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Rudolph Dryer		13b. MOTHER'S MAIDEN NAME Emma Springmeyer	
14. NAME OF HUSBAND OR WIFE Alvina Dryer			
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'S SIGNATURE OR NAME Wilfred Dryer		ADDRESS Robertsville, Mo.	
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) Verdict of Jury ANTECEDENT CAUSES Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) By drowning in the Mermac River, Mermac Township, Jefferson County, Mo. DUE TO (c) Opinion of Jury deceased II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Committed suicide	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. AGGRIANT SUICIDE HOMEKIDE (Specify) Suicide		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) July 7 1952		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 _____, 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) Dr. C. Long		23b. ADDRESS R.R. 1, De. Lots Pass	
23c. DATE SIGNED 7/7/52			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE July 10, 1952	
24c. NAME OF CEMETERY OR CREMATORY Oakridge Cemetery		24d. LOCATION (City, town, or county) (State) Catawissa, Mo.	
DATE REC'D BY LOCAL REG. 7/12/52		REGISTRAR'S SIGNATURE Ruth Jirsa	
5. FUNERAL DIRECTOR'S SIGNATURE Geo. L. Shuler		ADDRESS Pacific, Mo.	

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

James J. Long
R. H. / Deas

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JUL 14 1982

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 James J. Long

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.