

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38686

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 36 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		0592	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe hospital				d. STREET ADDRESS (If rural, give location) 103 Church St.			
3. NAME OF DECEASED (Type or Print) a. (First) Leander		b. (Middle) Marshall		c. (Last) Dryden		4. DATE OF DEATH (Month) (Day) (Year) NOV. 18, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 14, 1880	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) Davis County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Leander Dryden		13b. MOTHER'S MAIDEN NAME Elizabeth Minnick		14. NAME OF HUSBAND OR WIFE Myrtle Dryden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Dryden, Chillicothe, 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) Pneumonia Terminal ANTECEDENT CAUSES Arterial Sclerotic Heart Disease DUE TO (b) Cardiac Decompensation DUE TO (c) Recurrent II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 3 yrs 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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)			
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 Jan 1948, to Nov 18, 1956, that I last saw the deceased alive on Nov. 10, 1956, and that death occurred at 10:45 p.m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Joseph A. Conway M.D.				23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED Nov 21, 56	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 21, 1956		24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery		24d. LOCATION (City, town, or county) (State) Livingston Co., Mo.	
DATE REC'D BY LOCAL REG Nov. 19, 1956		REGISTRAR'S SIGNATURE Frances B Nail		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald Gordon - Chillicothe, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

COPY PRINTING - 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ronald Gordon

Licensed Embalmer No. *4191*

P. O. Address _____

Chattanooga, Tenn.

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.