

Health,  
& Welfare  
S. Public  
th Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

44683  
STATE FILE NUMBER

FILED DEC 19 1957

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 540

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit. & Hosp.			Length of stay in lb 64 yrs.		d. STREET ADDRESS 310 So. Osage		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last LITTLETON THOMPSON (L.T.) DRYDEN				4. DATE OF DEATH Month Day Year Dec. 9, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 14, 1867		9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lawyer			10b. KIND OF BUSINESS OR INDUSTRY Law		11. BIRTHPLACE (City and state or country) Troy, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William J. Dryden				14. MOTHER'S MAIDEN NAME Trinanda Thompson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT Margaret B. Dryden, 310 So. Osage, Indep., Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerosis Heart Disease</i> DUPLICATE (b) <i>Generalized Arteriosclerosis</i> DUPLICATE (c) <i>Senility</i> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. <i>Fracture left femur 10 days previous to demise nephrosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>4200 F</i>								INTERVAL BETWEEN ONSET AND DEATH <i>Chronic</i> <i>Chronic</i> <i>Chronic</i>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <i>Tripped and fell in house injuring left leg (indirect cause)</i>							
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <i>11-29-57</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>Independence</i>		COUNTY <i>Jackson</i>		STATE <i>Mo</i>
21. I attended the deceased from <i>Nov 29</i> to <i>Dec 9, 1957</i> and last saw <sup>him</sup> <i>Dec 8, 1957</i> alive on <i>Dec 8, 1957</i> . Death occurred at <i>9:40 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>W. H. Harkness</i> (Degree or title) <i>MD</i>				22b. ADDRESS <i>604 W. Maple Independence, Mo</i>		22c. DATE SIGNED <i>12/9/57</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 12, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>				
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.			25. DATE RECD. BY LOCAL REG. <i>12-12-57</i>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

(Licensed Embolmer's Statement on Reverse Side)

3540

DEC 18 1957

RECEIVED

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.....  
Signature of Student Embalmer

Signed *Raymond T. Lohman*

Licensed Embalmer No. *426*

P. O. Address *Indep. 1*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.