

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037237

FILED VS OCT 11 1960

360

Registration District No. Primary Registration District No. 6225 Registrar's No. 208

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON TOWNSHIP</b>		Length of stay in 1b <b>1 MONTH 29 DAYS</b>	c. CITY OR TOWN <b>JOPLIN</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>STATE HOSP #3 NEVADA, MISSOURI</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>222 E MAIN</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>DAISE</b> Middle <b>DELL</b> Last <b>DRYDEN</b>			4. DATE OF DEATH Month <b>OCT.</b> Day <b>9.</b> Year <b>1960</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>SEPT-7-1894</b>	9. AGE (last birthday) <b>79</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and state or country) <b>KANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>G.G. FINNELL</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISA LINETUM</b>		14. NAME OF HUSBAND OR WIFE <b>E.D. DRYDEN</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. —	17. INFORMANT <b>STATE HOSP. #3 NEVADA, MO</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>		<b>1 WEEK</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		—
DUE TO (b) —		—
DUE TO (c) —		—

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>GENERALIZED ARTERIO SCLEROSIS - YEARS</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART V or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>COUNTY STATE</b>	

21. I attended the deceased from **AUGUST 10. 1960** to **OCT. 2 - 1960** and last saw her/him alive on **OCT. 2. 1960**  
Death occurred at **8:25 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Leslie H. Wright, M.D.</b>		22b. ADDRESS <b>STATE HOSP. #3, NEVADA MO 10-2-60</b>		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10-5-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WACO CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>WACO, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>THORNHILL-DILLON MORTUARY</b>		ADDRESS <b>JOPLIN MO</b>	25. DATE RECD. BY LOCAL REG. <b>10-4-1960</b>	26. REGISTRAR'S SIGNATURE <b>Anna E. Jerry</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David Nelson

Licensed Embalmer No. 3898

P. O. Address Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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