

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25156

State File No.

FILED JUL 22 1952

BIRTH NO.		REG. DIST. NO. 226		PRIMARY REG. DIST. NO. 4337		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Monroe 0690				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri MO COUNTY Monroe 0690			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison		c. LENGTH OF STAY (If in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison, Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) XXXXXX			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Milo		c. (Last) Dry	
4. DATE OF DEATH		(Month) 7/5		(Day) 1952		(Year)	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH 8/27/1867	
9. AGE (In years (day birthday) 84		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired auto salesman		10b. KIND OF BUSINESS OR INDUSTRY selling autos		11. BIRTHPLACE (State or foreign country) Madison, Mo R R 0		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Arthur Simpson Dry		13b. MOTHER'S MAIDEN NAME Elizabeth Simpson		14. NAME OF HUSBAND OR WIFE Margaret West			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME James Dry			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-renal-vascular disease 6 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS-- Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 15 min.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X				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 July, 1946, to July 3, 1952, that I last saw the deceased alive on July 3, 1952 and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE E. R. Turner (Degree or title) D.O.		23b. ADDRESS Madison, Mo		23c. DATE SIGNED 7-7-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/5/1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Madison, Monroe Mo	
DATE REC'D BY LOCAL REG. 7-18-52		REGISTRAR'S SIGNATURE E. R. Robertson		25. FUNERAL DIRECTOR'S SIGNATURE Fred G. Kump		ADDRESS 2nd	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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

Licensed Embalmer No. 3282

P. O. Address Memphis, 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.