

FILED APR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7866

0250
1

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

| | | | | | | | |
|--|----------------------------------|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>74</u> | | PRIMARY REG. DIST. NO. <u>4137</u> | | Registrar's No. <u>14</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Clinton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Trimble</u> | | c. LENGTH OF STAY (In this place) <u>10 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trimble</u> | | <u>0250</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Rachel</u> b. (Middle) <u>Dryer</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3/27/1951</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>10/6/1867</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Plymouth, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Matthew Mitchell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Ramsey</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry Dryer</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HENRY DRYER, Trimble, Mo.</u> | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <u>Generalized Arterio Sclerosis</u> ANTECEDENT CAUSES <u>Chronic myocardial degeneration</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 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 <u>12-9-1950</u> to <u>2-16-1951</u> , that I last saw the deceased alive on <u>2-16-1951</u> , and that death occurred at <u>8 a</u> m.; from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. B. Hobbs, D.M.S.</u> (Degree or title) | | | | 23b. ADDRESS <u>Smithville Mo</u> | | 23c. DATE SIGNED <u>2-29-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>3/30/1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Olathe, Kansas</u> | | |
| DATE REC'D BY LOCAL REG. <u>Mar 30, 1951</u> | | REGISTRAR'S SIGNATURE <u>Elizabeth Seacrest</u> | | 441 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kallius E. Mack, Edgerton, Mo.</u> | |



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 W. LeRoy Mooney

Licensed Embalmer No. 4776

P. O. Address K. C. Mooney

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.