

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1106

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) Town West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Willow Springs 0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan		d. STREET ADDRESS (If rural, give location) Simm Valley	

3. NAME OF DECEASED (Type or Print) George	a. (First)	b. (Middle) Daniel	c. (Last) Drymon	4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 1952
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Sept. 16, 1884	9. AGE (In years last birthday) Months Days 67 4 11	IF UNDER 1 YEAR Hour Min.	IF UNDER 4 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Drymon	13b. MOTHER'S MAIDEN NAME Nancy Moore	14. NAME OF HUSBAND OR WIFE Ethel Ledbetter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carl Caton Willow Springs Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days 10 yrs
	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) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-26**, 19**51**, to **1-27**, 19**52**, that I last saw the deceased alive on **1-27**, 19**52**, and that death occurred at **10:55 A.** m., from the causes and on the date stated above.

23a. SIGNATURE E. J. Callahan M.D. (Degree or title)	23b. ADDRESS West Plains, Mo	23c. DATE SIGNED 1-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 29, 1952	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Willow Springs, Missouri
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE 379	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Burns, Willow Springs, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

461

FILED FEB 13 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. C. Burns

Signed.....

Student Embalmer

Licensed Embalmer No. 3379

P. O. Address Willow Springs,

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.