No. 300
10.48

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

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1826

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5808 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HIGH HILL
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: MONTGOMERY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HIGH HILL 0700
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): GILBERT
b. (Middle): L
c. (Last): DRYDEN

4. DATE OF DEATH (Month) (Day) (Year): FEB. 1 55

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-30-1872
9. AGE (In years last birthday): 82 — 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): General Store
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HIGH HILL MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GILBERT DRYDEN
13b. MOTHER'S MAIDEN NAME: CATHERINE COLEMAN
14. NAME OF HUSBAND OR WIFE: VIRGIE DRYDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Janett Dryden
ADDRESS: High Hill Mo

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) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC MYOCARDITIS — 8 yr.
DUE TO (c) Arterio Sclerotic nephritis — P

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 442 X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no.
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 2, 1946, *to* 2-1, 1955, *that I last saw the deceased alive on* 2-1, 1955 *and that death occurred at* 12:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: James O. Helm (Degree or title): MD
23b. ADDRESS: New Florence Mo
23c. DATE SIGNED: 2-2-1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 3-55
24c. NAME OF CEMETERY OR CREMATORY: Mount Pleasant
24d. LOCATION (City, town, or county) (State): High Hill Mo

DATE REC'D BY LOCAL REG.: 2-8-55
REGISTRAR'S SIGNATURE: Mrs May Miller
25. FUNERAL DIRECTOR'S SIGNATURE: E.A. Harding
ADDRESS: Jonesburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A Dowling

Licensed Embalmer No. 4115

P. O. Address Jonesburg, 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 this body is not embalmed, fact should be so stated above.