

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12406

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 16

|  |                              |   |  |
|--|------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jefferson</b>   |                              | 2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission).<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Jefferson</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><b>Rural-Central</b>  |                              | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><b>Rural-Central</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Rt. 2 DeSoto, Mo.</b>  |                              | d. STREET ADDRESS (If rural, give location)<br><b>Rt. 2 DeSoto, Mo.</b>   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><b>Maria</b>   |                              | b. (Middle)<br><b>N.M.N.</b>  |  |
| c. (Last)<br><b>Dryden</b>   |                              | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>April 9, 1955</b>  |  |
| 5. SEX<br><b>F</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Aug. 21, 1888</b>                               |
| 9. AGE (In years last birthday)<br><b>66</b>   |                              | IF UNDER 1 YEAR<br>Months<br><b>10 1/2</b>  | IF UNDER 24 HRS.<br>Hours<br><b>1 1/2</b> Min.                         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Waterloo, Illinois</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |                              | 13a. FATHER'S NAME<br><b>Phillip Walz</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Mary Mosbocher</b>   |                              | 14. NAME OF HUSBAND OR WIFE<br><b>James W. Dryden</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                              | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>James W. Dryden</b>  |                              | ADDRESS<br><b>Rt. 2, DeSoto, Mo.</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Coronary Heart Disease</b><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION   |                              | 19b. MAJOR FINDINGS OF OPERATION<br><b>4201</b>   |  |
| 20. AUTOPSY?<br>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) (Minute)   |                              | 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 _____, 19____, to _____, 19____, that I saw the deceased die on _____, 19____, and that death occurred at <b>2:30 A. m.</b> , from the causes and on the date stated above. |                              |   |  |
| 23a. SIGNATURE<br><b>Carl G. Rice MD</b>   |                              | (Degree or title)   |  |
| 23b. ADDRESS<br><b>Hillsboro, Mo.</b>  |                              | 23c. DATE SIGNED<br><b>4/11/55</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>  |                              | 24b. DATE<br><b>4/12/55</b>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla</b>  |                              | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>4-12-55</b>   |                              | REGISTRAR'S SIGNATURE<br><b>Kathleen Toarden</b>  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Lee Mothershead</b>   |                              | ADDRESS<br><b>DeSoto, Mo.</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

500

0500

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

APR 19 1955

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 Andrew England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.