

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24925

State File No. ....

FILED JUL 20 1956

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|  |  |  |                                 |  |   |  |   |  |  |
|--|--|--|---------------------------------|--|---|--|---|--|--|
| BIRTH NO. ....   |  | REG. DIST. NO. ....  |                                 | PRIMARY REG. DIST. NO. ....  |   | Registrar's No. ....   |   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  |                                 | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE |   |  |   | b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN  |  |  |                                 | c. CITY OF TOWN  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |
| c. LENGTH OF STAY (in this place)  |  |  |                                 | St. Louis, Missouri  |   | Troy   |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  |  |                                 | STREET ADDRESS (If rural, give location)   |   |  |   | 05701  |  |
| St. Louis Children's Hosp  |  |  |                                 | <del>1115 S. ...</del>   |   |  |   |  |  |
| 3. NAME OF DECEASED (Type or Print)  |  |  | a. (First)                      |  | b. (Middle)                               |  | c. (Last)   |  |  |
| Robert   |  |  | (no middle)                     |  | Dryden                                    |  | 4. DATE OF DEATH (Month) (Day) (Year)   |  |  |
| July 5, 1956   |  |  | 5. SEX                          |  | 6. COLOR OR RACE                          |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)                                  |  |  |
| M  |  |  | Negro                           |  | never                                     |  | 8. DATE OF BIRTH  |  |  |
| 12-27-43   |  |  | 9. AGE (In years last birthday) |  | 13 yrs                                    |  | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  |  |                                 | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and State or Foreign Country)   |   | 12. CITIZEN OF WHAT COUNTRY?   |  |
| NONE   |  |  |                                 |  |   | Troy, Missouri   |   | U.S.   |  |
| 13a. FATHER'S NAME   |  |  | 13b. MOTHER'S MAIDEN NAME       |  |   | 14. NAME OF HUSBAND/OR WIFE  |   |  |  |
| Ivo Dryden   |  |  | Vera Clark                      |  |   | none   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service)  |  |  | 16. SOCIAL SECURITY NO.         |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |  |   |  |  |
| No   |  |  | None                            |  | Ivo Dryden Troy, Mo                       |  |   |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION  |                                 |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
|  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse metastatic adenocarcinoma   |                                 |  |   |  |   | 3 mos.   |  |
|  |  | ANTECEDENT CAUSES  |                                 |  |   |  |   |  |  |
|  |  | *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |                                 |  |   |  |   |  |  |
|  |  | Morbid 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. Situs Inversus                                 |                                 |  |   |  |   |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |                                 |  |   |  |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| May '56  |  | Biopsy lymph node - adenocarcinoma 1981.   |                                 |  |   |  |   |  |  |
| 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 June 18, 1956, to July 5, 1956, that I last saw the deceased alive on July 5, 1956, and that death occurred at 12:35 pm., from the causes and on the date stated above. |  |  |                                 |  |   |  |   |  |  |
| 23a. SIGNATURE (Degree or title)   |  |  |                                 | 23b. ADDRESS   |   |  | 23c. DATE SIGNED  |  |  |
| John C. Herweg M.D.  |  |  |                                 | St. Louis Children's Hosp.   |   |  | 7/5/56  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE  |                                 | 24c. NAME OF CEMETERY OR CREMATORY   |   | 24d. LOCATION (City, town, or county) (State)  |   |  |  |
| Burial   |  | 7/10/56  |                                 | TROY CEMETERY  |   | TROY, MO.  |   |  |  |
| DATE REC'D. BY LOCAL REG.  |  | REGISTRAR'S SIGNATURE  |                                 |  | 25. FUNERAL DIRECTOR'S SIGNATURE          |  |   | ADDRESS  |  |
| JUL 7 1956   |  | Earl Smith MD  |                                 |  | Joseph J. Marsh                           |  |   | Troy, Mo.  |  |

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3932

P. O. Address Troy, Miss

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.