

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004805
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Christian Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ozark Mo</u>		c. CITY OR TOWN <u>Ozark, Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ozark, Mo</u>		d. STREET ADDRESS (If outside, give location) <u>Ozark, Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>R</u> Last <u>Dryden</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>18</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 17-1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Missouri, Christian Co</u>
13a. FATHER'S NAME <u>J W Dryden</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Ray</u>	14. NAME OF HUSBAND OR WIFE <u>Inez Dryden</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs Inez Dryden Ozark, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombosis, coronary, recurrent</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension, arterial, essential & left ventricle enlargement & strain</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>12 Oct 57</u> to <u>18 Feb 58</u> and last saw her alive on <u>18 Feb 58</u> Death occurred at <u>6:45</u> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J D Roper M.D.</u>		22b. ADDRESS <u>Ozark, Mo</u>	22c. DATE SIGNED <u>21 Feb 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ozark Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>T. B. Chaffin Ozark Mo</u>		25. DATE RECD. BY LOCAL REG. <u>March 8, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Luella Leonard</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *T. B. Chaffin*

Licensed Embalmer No. *2192*

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