

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010013
STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Higginsville 0541
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial		Length of stay in lb I hour	d. STREET ADDRESS (If outside, give location) 1511 Walnut
3. NAME OF DECEASED (Type or print) First Curtis Middle Elbert Last Dryer			4. DATE OF DEATH Month March Day 17 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-23-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Rail Road	11. BIRTHPLACE (City and state or country) Urbana, Missouri
13a. FATHER'S NAME David C. Dryer		13b. MOTHER'S MAIDEN NAME Joanne Kimby	14. NAME OF HUSBAND OR WIFE Anna Erwins Dryer
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. 709-10-8654	17. INFORMANT Address Mrs. C. E. Dryer Higginsville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Previous myocardial infarction			2 1/2 mos.
DUE TO (c) A.C.V. disease			4/5.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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 <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 3/16/57 to 3/17/59 and last saw him alive on 3/17/59 Death occurred at 6:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert S. Best, M.D.		22b. ADDRESS Higginsville, Mo.	22c. DATE SIGNED 3/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-19-1959	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or country) (State) Higginsville, Missouri
24. FUNERAL DIRECTOR ADDRESS F. A. Hoefler Higginsville, Mo.		25. DATE RECD. BY LOCAL REG. 3-20-59	26. REGISTRAR'S SIGNATURE Merna Eastabrook

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1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

6961 T

11/17

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 Forest R. Hoefler

Licensed Embalmer No. 480I

P. O. Address....Higginville, 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.