

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017082
STATE FILE NUMBER

FILED MAY 22 1959 Registration District No. 171 Primary Registration District No. 3012 Registrar's No. 44

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| 1. PLACE OF DEATH a. COUNTY Clay | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs | | c. CITY OR TOWN Excelsior Springs | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller Ave | | d. STREET ADDRESS (If outside, give location) Miller Ave | |
| Length of stay in lb years | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Dale Middle Kenneth Last Dryden | | | 4. DATE OF DEATH Month April Day 27 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 Dec 3, 1909 | 9. AGE (In years last birthday) 49 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal finisher | 10b. KIND OF BUSINESS OR INDUSTRY General Motors | 11. BIRTHPLACE (City and state or country) Mc Cook, Nebraska | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Robert Franklin Dryden | 13b. MOTHER'S MAIDEN NAME Jane Patterson | 14. NAME OF HUSBAND OR WIFE Janice Richards |
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| 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. 487-03-5501 | 17. INFORMANT Mrs Janice Dryden, Excelsior Springs, Mo |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet wound left temple over left ear. Exit. Rt. jaw line. | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) 7 a.m. large pistol | | |
| DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour a.m. Month, Day, Year | 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 Excelsior Springs | COUNTY Clay | STATE Missouri |
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| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE D. L. Pate, M.D. (Coroner) | 22b. ADDRESS North Kansas City Mo | 22c. DATE SIGNED 4/30/59 |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4-29-1959 | 23c. NAME OF CEMETERY OR CREMATORY Crown Hill | 23d. LOCATION (City, town, or county) Excelsior Springs, Missouri | (State) |
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| 24. FUNERAL DIRECTOR ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri | 25. DATE RECD. BY LOCAL REG. 5/16/59 | 26. REGISTRAR'S SIGNATURE Caroline Hutchings |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

300
-57

All diseases in Part I must be causally related.

MAY 22 1959

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 *Orvidell J. Jarmar*

Licensed Embalmer No. *4589*
P. O. Address *Excelsior Springs 70*

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.