

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19346

State File No. ....

FILED JUL 11 1955

BIRTH NO. ....		REG. DIST. NO. 345		PRIMARY REG. DIST. NO. 3039		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY <i>Lin</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lin</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Marceline</i>		c. LENGTH OF STAY (In this place) <i>1 day</i>		c. CITY OR TOWN <i>Madville</i>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Francis Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>2 miles E. of Madville</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>ADAM</i>		b. (Middle) <i>J.</i>		c. (Last) <i>DRYDEN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6-4-55</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>3-10-1887</i>	
9. AGE (In years last birthday) <i>68</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>John Dryden</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Stetson</i>		14. NAME OF HUSBAND OR WIFE <i>Frances</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. D. J. Dryden</i>		ADDRESS <i>Madville Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute peritonitis</i>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Perforation of stomach</i> DUE TO (c) <i>Carcinoma of stomach</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerotic heart disease</i>				INTERVAL BETWEEN ONSET AND DEATH <i>32 hrs</i> <i>32 hrs</i> <i>6 hrs.</i> <i>1 yr</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>151 X</i>					
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)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <i>June 3, 1955</i> , to <i>June 4, 1955</i> , that I last saw the deceased alive on <i>June 3, 1955</i> , and that death occurred at <i>4:30 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>John R. Dixon</i>				23b. ADDRESS <i>450 Brookfield Mo.</i>		23c. DATE SIGNED <i>6-4-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>6-6-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Mary's</i>		24d. LOCATION (City, town, or county) (State) <i>Brookfield, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>6-4-55</i>		REGISTRAR'S SIGNATURE <i>Mary J. Redwood</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Brothers Lachlan, Missouri</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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. 465

P. O. Address. Toledo, N.Y.

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.