No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29534

FILED OCT 4 1948

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 784

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Rural—South Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Douglas
(c) City or town: Ava - Rural
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Donald Harold Frye
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 11-24-34 (Month) (Day) (Year)
8. AGE: Years 13 | Months 9 | Days 24 | If less than one day: hr. min.
9. Birthplace: Ava, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Schoolboy
11. Industry or business:
MOTHER FATHER
12. Name: John Ross Frye
13. Birthplace: Ava, Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Thelma Johnson
15. Birthplace: Smallett, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: John R. Frye
(b) Address: Ava, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Fannen
18. (a) Signature of funeral director: Clinkingbeard
(b) Address: Ava, Mo. Funeral Home
19. (a) 9-22-48 (Date received local registrar) (b) W. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: SEPT day: 18 year: 1948 hour: 3:05 minute: A.M.
21. I hereby certify that I attended the deceased from SEPT 15, 1948 to SEPT 18, 1948 that I last saw him alive on SEPT 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: MEDULARY PARALYSIS	
Due to: HEAD INJURY	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): ACCIDENT 24
(b) Date of occurrence: SEPT. 15 1948
(c) Where did injury occur? Rural Ava, Douglas Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? FARM (Specify type of place)
While at work? NO (e) Means of injury: FALL 2
23. Signature: R. A. Michael DO (M.D. or other)
Address: Springfield Mo Date signed: 9/18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C. A. Roof

Licensed Embalmer No. 3044

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.