

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **5396**

**FILED MAR 9 1949**

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry &amp; Lawrence</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Aurora</b>		c. LENGTH OF OR TOWN <b>Several Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Aurora, Missouri</b>		d. STREET ADDRESS (If rural, give location) <b>315 Rock St.</b>	
3. NAME OF DECEASED (Type or Print) <b>Elisha Andrew Fly</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 27 1949</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 6th 1888</b>	
9. AGE (In years last birthday) <b>61</b>		10. UNDER 1 YEAR Months <b>0</b> Days <b>21</b>		11. UNDER 2 HRS. Hours <b>1</b> Min. <b>0</b>		9. AGE (In years last birthday) <b>61</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Music Instructor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Music Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri Barry County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Carrol A. Fly</b>		13b. MOTHER'S MAIDEN NAME <b>Marry Bennett</b>		14. NAME OF HUSBAND OR WIFE <b>Jessie Fly</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Jessie Fly AURORA, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____				_____			
DUE TO (c) _____				_____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4/20</b>				_____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>Aurora, Mo.</b>		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? <b>4/20</b>					
22. I hereby certify that I attended the deceased from <b>Jan 10, 1949</b> , to <b>Jan 27, 1949</b> that I last saw the deceased alive on <b>Jan 27, 1949</b> , and that death occurred at <b>11:59 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. H. Horn</b> (Degree or title)				23b. ADDRESS <b>Aurora, Mo.</b>		23c. DATE SIGNED <b>Jan 27, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 31 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calton</b>		24d. LOCATION (City, town, or county) (State) <b>South Verona Barry Mo</b>	
DATE REC'D BY LOCAL REG. <b>Jan 31-49</b>		REGISTRAR'S SIGNATURE <b>Ora Mc Natt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bennett &amp; Wormington</b>		ADDRESS <b>Monett, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
55  
1

349-264

3-5-49

FEB 6 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 .....  
Student Embalmer

Signed

*J Gordon Bennett*

Licensed Embalmer No. *4213*

P. O. Address *Monett, 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 this body is not embalmed, fact should be so stated above.