

FILED MAY 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16904**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Randolph.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Paris, Missouri.	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Woodlawn Hospital.			

3. NAME OF DECEASED (Type or Print)	a. (First) Noah	b. (Middle) H.	c. (Last) Fry	4. DATE OF DEATH (Month) (Day) (Year) May, 4, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 11, 1868	9. AGE (In years last birthday) 80	if UNDER 1 YEAR Months 7	if UNDER 1 YEAR Days 23	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Monroe County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME James Maddison Fry.	13b. MOTHER'S MAIDEN NAME Rebecca Hanna	14. NAME OF HUSBAND OR WIFE None.
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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. None	17. INFORMANT'S SIGNATURE OR NAME J. Mac Fry	ADDRESS Perry, Missouri.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture skull, basilar		INTERVAL BETWEEN ONSET AND DEATH 2 hour
	ANTECEDENT CAUSES Intracranial injury Fracture ribs, right 4-5-6 Fracture scapula, right. Shoe - Trauma		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	21a. ACCIDENT (Specify) SUICIDE - HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Barn	21c. CITY, TOWN, OR TOWNSHIP Paris, Monroe	21d. COUNTY Mo.	21e. STATE
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 4, 1949, to May 4, 1949, that I last saw the deceased alive on May 4, 1949 and that death occurred at 7:35 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Moberly, Missouri.	23c. DATE SIGNED 5-6-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-6-49	24c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery	24d. LOCATION (City, town, or county) (State) Perry, Missouri.
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DATE REC'D BY LOCAL REG. May 7-49	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <i>[Address]</i>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer.

Signed

John A. Ellis

Licensed Embalmer No. 4613

P. O. Address. Perry Mo

Note: The above MUST BE SIGNED, BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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