

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37663

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Sarsaparilla</u>	
c. LENGTH OF STAY (in this place) <u>3 wks</u>		d. STREET ADDRESS (If rural, give location) <u>MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McClure Brook</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chas E. Fry</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7 - 49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 22 - 1867</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR <u>11</u> Months	IF UNDER 24 HRS. <u>15</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>unknown</u>
12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ella M.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Chas Schwartz Sarsaparilla</u>
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) <u>Myocarditis</u> ANTECEDENT CAUSES (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured left neck of femur</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>		1 year <u>4221</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 <u>Oct 20, 1949</u> , to <u>Nov 7, 1949</u> , that I last saw the deceased alive on <u>Nov 6, 1949</u> , and that death occurred at <u>5:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. D. O</u>		23b. ADDRESS <u>Sarsaparilla MO.</u>	
23c. DATE SIGNED <u>Nov 8 - 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 8 - 49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sarsaparilla</u>		24d. LOCATION (City, town, or county) (State) <u>Sarsaparilla Am</u>	
DATE REC'D BY LOCAL REG. <u>11-21-1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u> ADDRESS <u>134 Jackson T. Ave, Sarsaparilla</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Perk. Ferguson</u>		ADDRESS _____	

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

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(Signed Embalmer's Statement on Reverse Side)

RECEIVED 11-29-49
Jasper County Health Office
County File Number 49-11-914
Date Filed 12-5-49

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Wm K. Jackson

Signed _____
Student Embalmer

Licensed Embalmer No. 3254

P. O. Address Sarapine 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.