

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1507

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 205	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		6376	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1056 MT. VERNON				d. STREET ADDRESS (If rural, give location) 1056 MT. VERNON			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELLEN c. (Last) HALL			4. DATE OF DEATH (Month) (Day) (Year) MAR. 5 1950				
5. SEX FEMALE		6. COLOR OR RACE CAUC.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG. 28, 1869	
9. AGE (To years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN HOME		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME NATHANIEL G. FRYER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE DECEASED	
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. NO		17. INFORMANT'S SIGNATURE OR NAME MRS. ANNA HENRY		ADDRESS SPEED. MO.	
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) Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Heart failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓				INTERVAL BETWEEN ONSET AND DEATH 8 mos 7201	
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 7/4, 1949, to 3/5, 1950, that I last saw the deceased alive on 3/5, 1950 and that death occurred at 11:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE M. Shover M.D.				23b. ADDRESS 324 Louisiana St.		23c. DATE SIGNED 3/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-8-50		24c. NAME OF CEMETERY OR CREMATORY EASTLAWN CEME.		24d. LOCATION (City, town, or county) (State) SPRINGFIELD MO.	
DATE REC'D BY LOCAL REG. 3-9-50		REGISTRAR'S SIGNATURE W.E. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co.		ADDRESS 399 S. 7th St.	

(Licensed Embalmer's Statement on Reverse Side)

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

5396

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 _____

Licensed Embalmer No. _____

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.