No. 300
10.48

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4609

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5469 Registrar's No. 5

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

1. PLACE OF DEATH
a. COUNTY: GRUNDY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL FRANKLIN TOWNSHIP
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: GRUNDY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
d. STREET ADDRESS (If rural, give location): FRANKLIN TOWNSHIP

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): SUE
c. (Last): FRY

4. DATE OF DEATH (Month) (Day) (Year): FEB-15-1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: APRIL-27-1935
9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months 9, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MERCER CO. MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HERMAN FRY
13b. MOTHER'S MAIDEN NAME: LURA COON
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: LURA COON FRY — ADDRESS: SPICKARD 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Organic heart disease + — 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) Epilepsy — 1940
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓ — 3533

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* 2-15, 1950, *to* 2-15, 1950 *that I last saw the deceased alive on* _____, 19__ *and that death occurred at* 10:45 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. Lewis MD
23b. ADDRESS: Princeton Mo
23c. DATE SIGNED: 1-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB-17-1950
24c. NAME OF CEMETERY OR CREMATORY: TOPSEY CEM.
24d. LOCATION (City, town, or county) (State): MERCER CO. MO.

DATE REC'D BY LOCAL REG.: 2-17-50
REGISTRAR'S SIGNATURE: Mrs. Nathan Cooper 114
25. FUNERAL DIRECTOR'S SIGNATURE: Schooler funeral Home — ADDRESS: Spickard Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 20 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 _____

_____

working under my personal supervision.

Student Embalmer No. .....

Signed Ross Wise

Signed.....
Student Embalmer

Licensed Embalmer No. 3771

P. O. Address Spickard 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.