

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31022

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4304 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow	
c. LENGTH OF STAY (If in institution) 74yrs		0590	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Oliver b. (Middle) Mason c. (Last) Fryer			4. DATE OF DEATH (Month) (Day) (Year) 9-28-50		
5. SEX male G	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 2, 1876	9. AGE (In years last birthday) 74yrs	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer, retired		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Breckenridge, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John Fryer	13b. MOTHER'S MAIDEN NAME Brunette Anderson	14. NAME OF HUSBAND OR WIFE Cora Belle Fryer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) ---	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Cora Belle Fryer	ADDRESS Ludlow, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Arteriosclerosis 2 yrs DUE TO (c) Mental weakness		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		321 X Sudden	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	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 Sept 25, 1950, to Sept 27, 1950, that I last saw the deceased alive on Sept 27, 1950, and that death occurred at 4 a.m. from the causes and on the date stated above.

23a. SIGNATURE G. S. Moore MD	(Degree or title)	23b. ADDRESS Ludlow Mo	23c. DATE SIGNED 9-29-50
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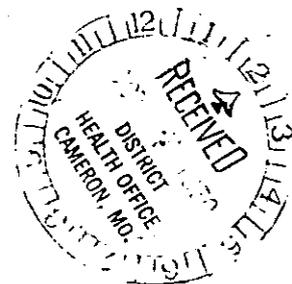
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-29-50	24c. NAME OF CEMETERY OR CREMATORY Monroe Center Cem.	24d. LOCATION (City, town, or county) (State) Ludlow, Mo
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DATE RECD BY LOCAL REG. 10-2-50	REGISTRAR'S SIGNATURE Lester L. ...	FUNERAL DIRECTOR'S SIGNATURE Bernard ...	ADDRESS Braymer, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

590



**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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *Demarc J. Meach*  
Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri

**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.