

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41298**

512
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. LENGTH OF STAY (in this place) 4 1/2 Months	c. CITY (If outside corporate limits, write RURAL and give township) Holden		0
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Clinic Hosp			d. STREET ADDRESS (If rural, give location) WXXXXXXXX Holden, Missouri		
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Alvin c. (Last) Frye			4. DATE OF DEATH (Month) (Day) (Year) Nov 28 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 7, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Days 1 IF UNDER 6 HRS. Min. 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY Cattle Business	11. BIRTHPLACE (State or foreign country) Carroll County Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel F. Frye		13b. MOTHER'S MAIDEN NAME Sarah F. Lenker		14. NAME OF HUSBAND OR WIFE Cora Frye	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Frye, Holden, Missouri		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis central thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH ?
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr - Myocarditis				3 3 2 X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Nov - 1 - 50 , to 11 - 28 , 19 50 , that I last saw the deceased alive on 11 - 28 - 50 , 19 50 , and that death occurred at 12:45 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R. F. McKinney MD			23b. ADDRESS Warrensburg Mo		23c. DATE SIGNED 12-1-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/30/50	24c. NAME OF CEMETERY OR CREMATORY Centerview cemetery	24d. LOCATION (City, town, or county) (State) Centerview, Missouri		
DATE REC'D BY LOCAL REG Dec 1, 1950	REGISTRAR'S SIGNATURE Savannah Hutchins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canada & Papp Holden Mo		

RECEIVED
DEC 8 1960
JOHNSON COUNTY HEALTH DEPT.

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 Wm J. Canavan

Licensed Embalmer No. 3424

P. O. Address Holden, 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.