

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7280

1070
1

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

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool	c. LENGTH OF STAY (In this place) 50 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool	1070
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) ELLEN c. (Last) FRY			4. DATE OF DEATH (Month) (Day) (Year) Feb 19 1951
5. SEX F. / M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 16 1856
9. AGE (In years last birthday) 94		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) unknown 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Robert Yaden	13b. MOTHER'S MAIDEN NAME Ghaska Little	14. NAME OF HUSBAND OR WIFE Chas D. Fry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Arthur Wells Cabool 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility	
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, 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 1847, to Feb 19, 1951, that I last saw the deceased alive on Feb 19, 1951, and that death occurred at 3:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Garrett Hoggard V		23b. ADDRESS Cabool Mo.	23c. DATE SIGNED Feb 20/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 21-51	24c. NAME OF CEMETERY OR CREMATORY Cabool	24d. LOCATION (City, town, or county) (State) Texas Co Cabool Mo.
DATE REC'D BY LOCAL REG. 2-21-51	REGISTRAR'S SIGNATURE Gaynell Cunningham 325	25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS Gaylord V. Elliott Cabool Mo.	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 26 1957

Dist. File 251-432

Date Filed 2-28-57

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.

Signed Gaylord V. Elliott.....

Signed
Student Embalmer

Licensed Embalmer No. 2252.....

P. O. Address Cuba.....

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.