

FILED DEC 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41274

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1079

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>114 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>	
		d. STREET ADDRESS (If rural, give location) <u>201</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Samuel</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Frye</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 20, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5, 1921</u>	9. AGE (In years last birthday) <u>30</u>	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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>Mountain View, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Samuel Frye</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Richardson</u>	14. NAME OF HUSBAND OR WIFE <u>Jane Frye</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>	16. SOCIAL SECURITY NO. <u>184-12-9892</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Records, Springfield, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, active.</u>		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) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>002x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from the VA August 28, 1951, to December 20, 1951, and that death occurred at 8:50a m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. BONDURANT, M. D., A6tg Chief, Professional Services</u>	(Degree or title)	23b. ADDRESS <u>VA Hospital, Springfield, Mo.</u>	23c. DATE SIGNED <u>12-20-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12/20/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WPK HOWL</u>	24d. LOCATION (City, town, or county) (State) <u>MT. VIEW, MO</u>
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DATE REC'D BY LOCAL REG. <u>12-21-51</u>	REGISTRAR'S SIGNATURE <u>Edith Williams, Registrar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. WORTHINGTON, SPPD, MO</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 19 1952

MAR 18 1952

MAY 16 1952

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 Walter E. Hamble

Licensed Embalmer No. 3808

P. O. Address Springfield 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.