

FILED NOV 24 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 38382

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5455 Registrar's No. 1020

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>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u>	
c. LENGTH OF STAY (In this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street address</u>		d. STREET ADDRESS <u>No street address</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALMA</u>		b. (Middle) <u>EVANS</u>	
c. (Last) <u>FRYE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 15, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 9, 1894</u>
9. AGE (In years last birthday) <u>58</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greene Co., Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Dorrell</u>	
14. NAME OF HUSBAND OR WIFE <u>F C Frye</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr F C Frye, Republic, Missouri</u>	
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) <u>Carcinoma of Uterus</u> 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>174x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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)		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 <u>October, 1952</u> , to <u>November, 1952</u> , that I last saw the deceased alive on <u>14 Nov, 1952</u> , and that death occurred at <u>7:20A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Karl J. Leidinger Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>Republic, Mo</u>	
23c. DATE SIGNED <u>11-17-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Republic, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-18-52</u>		REGISTRAR'S SIGNATURE <u>Eritz Williamson Registrar</u>	

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

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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 Carl J. Glenn

Licensed Embalmer No. 4702

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.