No. 300
10.48

12-30-52
FILED DEC 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43139

State File No.

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 305 Registrar's No. 297

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodland Hospital
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Moberly

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cairo
d. STREET ADDRESS (If rural, give location): RFD #1 Cairo

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZA
b. (Middle): ANN
c. (Last): FRYER

4. DATE OF DEATH (Month) (Day) (Year): Dec-16-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb-13-1892
9. AGE (In years last birthday): 60 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Jackson County Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Keith
13b. MOTHER'S MAIDEN NAME: Josephine Moler
14. NAME OF HUSBAND OR WIFE: Frank Fryer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr. Frank Fryer
ADDRESS: Cairo Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 588X

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Cholecystitis, chronic. Cholelithiasis, chronic.

19a. DATE OF OPERATION: 11 Dec 52
19b. MAJOR FINDINGS OF OPERATION: Chr. Gallbladder c Stones, Chronic Appendicitis
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1952, *to* Dec 16, 1952, *that I last saw the deceased alive on* Dec 16, 1952, *and that death occurred at* 9:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard C O (Degree or title) MD
23b. ADDRESS: Moberly Mo
23c. DATE SIGNED: 17 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec-21-1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens
24d. LOCATION (City, town, or county) (State): Moberly Missouri

DATE REC'D BY LOCAL REG.: Dec 21-52
REGISTRAR'S SIGNATURE: Lemer Lee Jones
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Snow Funeral Home Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.