

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10258

FILED APR 15 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 171

0495

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

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. LENGTH OF STAY (in this place) <b>FEW HRS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - SHOAL CREEK TOWNSHIP</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>RT 4, JOPLIN</b> <u>0490</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLYDE</b>		b. (Middle) <b>FRANKLIN</b>		c. (Last) <b>FRYE</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 4, 1953</b>		5. SEX <b>MALE</b> 6. COLOR OR RACE <b>WHITE</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOV 5, 1887</b>		9. AGE (In years last birthday) <b>65</b>	
10a. USUAL OCCUPATION (One's kind of work done during most of working life, even if retired) <b>UNEMPLOYED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNEMPLOYED</b>		11. BIRTHPLACE (State or foreign country) <b>WEST MINERAL, KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>WILLIAM H. FRYE</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY TODD</b>	
14. NAME OF HUSBAND OR WIFE <b>-----</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>LINK</b>		16. SOCIAL SECURITY NO. <b>--</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS LOMA CORBUS</b>		ADDRESS <b>RT 4, JOPLIN</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolism</b>  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.			INTERVAL BETWEEN ONSET AND DEATH <b>30 hrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332 X</b>			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)		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>4-2</u> , 19 <u>53</u> , to <u>4-4</u> , 19 <u>53</u> that I last saw the deceased alive on <u>4-4</u> , 19 <u>53</u> and that death occurred at <u>1:30</u> p. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>R. H. Lewis, M.D.</b>			23b. ADDRESS		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>4-6-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>West Mineral</b>		24d. LOCATION (City, town, or county) (State) <b>WEST MINERAL, KANSAS</b>
DATE REC'D BY LOCAL REG. <b>4-4-53</b>		REGISTRAR'S SIGNATURE <b>Ed S. James</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	

RECEIVED 4-13-53  
Jasper County Health Office

County File Number 53/4/325  
Date Filed 4-14-53

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. 466

Signed Jack D. Parker  
Student Embalmer

Signed Steve Parker

Licensed Embalmer No. 2548

P. O. Address Jasper, 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.