

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16608**
Registrar's No. **75**

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>286</u>		PRIMARY REG. DIST. NO. <u>574</u>		Registrar's No. <u>75</u>	
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>			
b. CITY OR TOWN <u>RURAL - CASTOR TWP.</u>		c. LENGTH OF STAY (in this place township) <u>22 YRS</u>		c. CITY OR TOWN <u>RURAL - 9 MI. E. OF FREDERICKTOWN</u>		d. STREET ADDRESS (If rural, give location) <u>CASTOR TOWNSHIP 0620</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 MI. E. OF FREDERICKTOWN</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE</u> b. (Middle) <u>CARRIE</u> c. (Last) <u>FRYMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8, 1954</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>AUG. 30, 1894</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>59</u> <u>9</u> <u>8</u>		11. BIRTHPLACE (State or foreign country) <u>MADISON COUNTY, MO.</u>	
13a. FATHER'S NAME <u>EDGAR DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA WHITE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JERRY LEE FRYMAN, FREDERICKTOWN</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant melanoma with generalized metastases; primary source undetermined.</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 months</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) _____ 2. 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>190 X</u>					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>1/30, 1954</u> , to <u>6/7, 1954</u> , that I last saw the deceased alive on <u>6/2, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. Grooman MD</u>				23b. ADDRESS <u>Frederektown Mo</u>		23c. DATE SIGNED <u>6/10/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 10, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNDERWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-10-1954</u>		REGISTRAR'S SIGNATURE <u>Florence Fick</u>		FUNERAL DIRECTOR'S SIGNATURE <u>V. Adams</u>		ADDRESS <u>FREDERICKTOWN, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

65-4-36

ESFI 9 AM '65

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredrickton, Md

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.