No. 300
10-48

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26665

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 53-20 Registrar's No. 13

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

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN: Palestine Twp (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pilot Grove Mo - RFD.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: Cooper
c. CITY OR TOWN: Bunceton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Cosie-Osco
b. (Middle): —
c. (Last): Fry

4. DATE OF DEATH (Month) (Day) (Year): 9 - 6 - 1954.

5. SEX: Male
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1881-6-28
9. AGE (In years last birthday): 73
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and State or Foreign Country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James M. Fry
13b. MOTHER'S MAIDEN NAME: Martha J. Arthur
14. NAME OF HUSBAND OR WIFE: Rosie Fry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs. Rosie Fry

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Thrombosis
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: 4201
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* 9/6/54, 19__, *to* 9/6, 1954, *that I last saw the deceased alive on* 9/6, 1954, *and that death occurred at* 3:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): E. V. Humphreys M.D.
23b. ADDRESS: Boonville, Mo
23c. DATE SIGNED: Sept. 8, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-8-1954
24c. NAME OF CEMETERY OR CREMATORY: New Lebanon
24d. LOCATION (City, town, or county) (State): Otterville Mo - RFD.

DATE REC'D BY LOCAL REG.: 9-8-54
REGISTRAR'S SIGNATURE: [illegible] 73
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hays & Painter - Pilot Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Peyton E. Hay

Licensed Embalmer No. 307

P. O. Address Pilot Grov

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.