

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41707

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>402</u>			
1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY RALLS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SALINE TOWNSHIP				0870	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1607 W. BIRD ST				d. STREET ADDRESS (If rural, give location) PALMYRA, MO R.F.D. 2					
3. NAME OF DECEASED (Type or Print)			a. (First) ALDO		b. (Middle) WILLIAM		c. (Last) FRY FRYE		
4. DATE OF DEATH		(Month) DEC		(Day) 29		(Year) 1954			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH MARCH 14, 1907			
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Month 9		Day 15		Hours 15			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHEF			10b. KIND OF BUSINESS OR INDUSTRY RAILROAD			11. BIRTHPLACE (State or foreign country) MARION COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WALTER H. FRY FRYE			13b. MOTHER'S MAIDEN NAME DORA ADA DEAN			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 326-10-9509		17. INFORMANT'S SIGNATURE OR NAME Ruby F. McManey				ADDRESS 1607 Bird St Hannibal	
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 strangulation, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction				INTERVAL BETWEEN ONSET AND DEATH 30 min	
				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 12/29/54		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 4201 YES <input type="checkbox"/> NO <input 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) (Minute)		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>Dec. 29, 1954</u> , to <u>Dec. 29, 1954</u> , that I last saw the deceased alive on <u>Dec. 29, 1954</u> , and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE M. L. ... (Degree or title)				23b. ADDRESS 701 Broadway - Hannibal, Mo		23c. DATE SIGNED 1/13/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 1, 1955		24c. NAME OF CEMETERY OR CREMATORY ST JUDES CEMETERY		24d. LOCATION (City, town, or county) (State) MONROE CITY, MO			
DATE REC'D BY LOCAL REG. Jan 3-1955		REGISTRAR'S SIGNATURE H. M. Lucke		194-1		25. FUNERAL DIRECTOR'S SIGNATURE Wilson & Son's		ADDRESS Monroe City, Mo	

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

JAN 14 1955

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED JAN 14 1955

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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address MONROE CITY, 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.