

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41847**No. 300
10. 48

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4378		Registrar's No. 19			
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravenwood		c. LENGTH OF STAY (In this place) 31 yrs.		c. CITY OR TOWN Ravenwood		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home				e. STREET ADDRESS (If rural, give location) none					
3. NAME OF DECEASED (Type or Print) a. (First) JONATHAN		b. (Middle) CLARK		c. (Last) FRYER		4. DATE OF DEATH (Month) (Day) (Year) 12 12 54			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (Specify) Widowed		8. DATE OF BIRTH Dec. 27, 1852			
9. AGE (In years last birthday) 101		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer & banker		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (City and State or Foreign Country) Bridgeville, Pa.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel Fryer		13b. MOTHER'S MAIDEN NAME Emma Garrard		14. NAME OF HUSBAND OR WIFE Laura Hawk Freyer, dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Blanche Freyer, Ravenwood, Mo.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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?		21g. 490x					
22. I hereby certify that I attended the deceased from Dec. 2, 1954 , to Dec. 12, 1954 , that I last saw the deceased alive on Dec. 12, 1954 and that death occurred at 9:30 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. J. Gorden				23b. ADDRESS D. O. Maryville, Missouri		23c. DATE SIGNED 12-16-54			
24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE 12/14/54		24c. NAME OF CEMETERY OR CREMATORY Sweet Home		24d. LOCATION (City, town, or county) (State) Ravenwood, Missouri			
DATE REC'D BY LOCAL REG. 12-18-54		REGISTRAR'S SIGNATURE Bess Holtz		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home		ADDRESS Maryville, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed *Curtis C. Hensley*

Licensed Embalmer No. *4930*

P. O. Address *Marysville*

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

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