

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12708

BIRTH NO. _____		REG. DIST. NO. <u>129</u>		PRIMARY REG. DIST. NO. <u>4343</u>		Registrar's No. <u>70</u>		
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Montgomery</u>				
b. CITY OR TOWN <u>New Florence, Mo. Rural Danville T.W.P.</u>		c. LENGTH OF STAY (in this place) <u>46</u>		c. CITY OR TOWN <u>New Florence,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0700</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				STREET ADDRESS (If rural, give location) <u>4 Miles S. New Florence, Mo</u>				
3. NAME OF DECEASED a. (First) <u>William</u>			b. (Middle) <u>Robert</u>		-c. (Last) <u>Frye</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 27-1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 8-1889</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter & Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Jonesburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John Frye</u>		13b. MOTHER'S MAIDEN NAME <u>Rosena Zimmerman</u>		14. NAME OF HUSBAND OR WIFE <u>Elmery Frye</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>493-38-3245</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmery Frye</u> ADDRESS <u>New Florence</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Massive Coronary Thrombosis</u> 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 <u>25 Min.</u>	
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>No</u> (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 <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>April 27, 1955</u> , to <u>April 27, 1955</u> , that I last saw the deceased alive on <u>April 27, 1955</u> , and that death occurred at <u>7 A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>James O. Helms</u> (Degree or title)				23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>4-29-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jonesburg, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-29-55</u>		REGISTRAR'S SIGNATURE <u>James O. Helms</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parton Baker</u>		ADDRESS <u>Americus, Mo.</u>		

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 *O B Baker*.....

Licensed Embalmer No. 3375.....

P. O. Address Americus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.