

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21156

State File No. ....

806

FILED AUG 8 - 1955

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Registrar's No. ....

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 50 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 227 Ohio St. (Home)		e. STREET ADDRESS (If rural, give location) 227 Ohio St.	
3. NAME OF DECEASED (Type or Print) a. (First) CECIL b. (Middle) CANAN c. (Last) FRY			4. DATE OF DEATH August 1, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 19, 1868
9. AGE (In years last birthday) 87		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) DeKalb, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas L. Gaunt		13b. MOTHER'S MAIDEN NAME Nancy M. Froman	14. NAME OF HUSBAND OR WIFE Clyde Fry (de)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Francis Fry, 227 Ohio St.
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRIGHT'S DISEASE WITH TOXEMIA ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROSIS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS SENILITY AND THE HEAT ( EXCESSIVE ) CONTRIBUTED TO HER FAILURE TO RECOVER Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 38 DAYS  ????
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 446X F		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) 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 JUNE 24, 1955 to AUG. 1, 1955, that I last saw the deceased alive on AUG. 1, 1955, and that death occurred at 10:52 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E.J. GROSS, D.O.		23b. ADDRESS 5105 KING HILL AVE. ST. JOSEPH, 48, MO	23c. DATE SIGNED 8-2-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-4-55	24c. NAME OF CEMETERY OR CREMATORY Stoney Point Cem.	24d. LOCATION (City, town, or county) (State) Grayson, Missouri
DATE REC'D BY LOCAL REG. Aug. 4, 1955	REGISTRAR'S SIGNATURE Esther M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's 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, ~~only~~ ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *John E. Rupp*

Licensed Embalmer No. *39*

P. O. Address..... *Joseph*

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.