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FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12825

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>DOUGLAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>MISSOURI</b> b. COUNTY <b>DOUGLAS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>AVA</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>AVA</b>	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		e. STREET ADDRESS (If rural, give location) <b>0340</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JIM</b> b. (Middle) <b>FRANK</b> c. (Last) <b>FRYE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 2 1956</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR 22 1880</b>	9. AGE (In years Last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SQUIRES MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>W T FRYE</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH JANE MILLER</b>	14. NAME OF HUSBAND OR WIFE <b>ORPHA FRYE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>493-16-3282</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ORPHA FRYE</b> ADDRESS <b>AVA MO</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombus</b>		
	DUE TO (c) <b>Arteriosclerotic heart disease</b>		
11. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE FOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Apr 1, 1956, to Apr 2, 1956, that I last saw the deceased alive on Apr 1, 1956 and that death occurred at 11 A M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS <b>AVA, MO.</b>	23c. DATE SIGNED <b>4-6-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-4-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BASHER</b>	24d. LOCATION (City, town, or county) (State) <b>BASHER MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>Apr 16-56</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CLINKINGBEARD FUNERAL HOME AVA MO</b>
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(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, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Charles R. Fish*.....

Licensed Embalmer No...*46*..

P. O. Address...*Ava, N*.....

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.