

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27572**

FILED AUG 16 1956

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4308** Registrar's No. **65**

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| 1. PLACE OF DEATH a. COUNTY Mc Donald | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Mc Donald | |
| b. CITY OR TOWN Noel | | c. CITY OR TOWN Noel | |
| c. LENGTH OF STAY (in this place) 14 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 None | | e. STREET ADDRESS (If rural, give location) City | |

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|-------------------------------------|--------------------------|-----------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Daniel | b. (Middle) A. | c. (Last) Frye | 4. DATE OF DEATH (Month) (Day) (Year) 7-17-56 |
|-------------------------------------|--------------------------|-----------------------|-----------------------|--|

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|--------------------|-------------------------------|---|-------------------------------------|---|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 7, 1882 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 7 Days 17 Hours 56 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life or if retired) Shoe Repair | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and State or Foreign Country) Noel Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. |
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| 13a. FATHER'S NAME Dan Frye | 13b. MOTHER'S MAIDEN NAME Mary Lawson | 14. NAME OF HUSBAND OR WIFE Laura Frye |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Frye Noel, Mo. | ADDRESS _____ |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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 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) 4201 |
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| | | |
|---|--|----------------------------------|
| 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? _____ |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|-------------------------|------------------------------|---------------------------------|
| 23a. SIGNATURE H. M. Humphrey, Jr. Coroner | (Degree or title) _____ | 23b. ADDRESS Noel Mo. | 23c. DATE SIGNED 7-18-56 |
|---|-------------------------|------------------------------|---------------------------------|

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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-21-56 | 24c. NAME OF CEMETERY OR CREMATORY Noel Cem. | 24d. LOCATION (City, town, or county) (State) Noel Mo. |
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| DATE REC'D BY LOCAL REG. 7-31-56 | REGISTRAR'S SIGNATURE Mary M. Humphrey | 25. FUNERAL DIRECTOR'S SIGNATURE H. M. Humphrey, Jr. Noel Mo. | ADDRESS _____ |
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(Licensee, Embalmer's Statement on Reverse Side)

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

423
0

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.....
J. M. Humphrey Jr.

Licensed Embalmer No. 470

P. O. Address *Noel M.*

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.