

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 1 - 1956

State File No. **31508**BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman Rural Rt. # 1	
c. LENGTH OF STAY (In this place) 2 months		d. STREET ADDRESS (If rural, give location) 10 miles S. W.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Todd Rest Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Cynthia	b. (Middle) Ann	c. (Last) Fry	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 6, 1874	9. AGE (In years last birthday) 82	10. MONTHS 0	11. DAYS 18	12. IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Goodman, Rt. 1, Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Samuel Divine	13b. MOTHER'S MAIDEN NAME Mary Dobbs	14. NAME OF HUSBAND OR WIFE William H. Fry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Wm. H. Fry	ADDRESS Goodman, Missouri.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) _____		
II. 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 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) _____
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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 **9-23**, 1956, to **9-24**, 1956, that I last saw the deceased alive on **9-24**, 1956, and that death occurred at **3:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin C. Bowman, D.O.	23b. ADDRESS 4214 Sherman, Neosho, Mo.	23c. DATE SIGNED 9/25/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/24/56	24c. NAME OF CEMETERY OR CREMATORY Banner Cemetery	24d. LOCATION (City, town, or county) (State) Goodman, Rt. 1, Missouri.
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DATE REC'D BY LOCAL REG. 9-25-56	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE Ralph Funeral Home, Anderson, Mo.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton
District File Number 956-139
Date Filed SEP 29 1956

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 _____
Student Embalmer

Signed Gaul Rapp

Licensed Embalmer No. 93458

P. O. Address Anderson, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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