

FILED DEC 3 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38838

0700

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810 Registrar's No. 3.

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Spring Loutre		c. CITY OR TOWN Big Spring	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 30 yrs		e. STREET ADDRESS (If rural, give location) 2 Miles North Big Spring	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) Walter A Frye			4. DATE OF DEATH (Month) (Day) (Year) NOV 27 1956		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-22- 1891	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jonesburg Mo		12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME John A Frye		13b. MOTHER'S MAIDEN NAME Rosine Zimmerman		14. NAME OF HUSBAND OR WIFE Callie Mae Frye	
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. 488-38-2684		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Callie Mae Frye New Florence MO	

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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH Sudden
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic Myocarditis			5-10 years
		DUE TO (c) Cardiac Asthma			5-10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Colitis (Mucous)			2-3 years

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201	
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 **April 12, 1955** to **Nov. 27, 1956** that I last saw the deceased alive on **Nov. 13, 1956**, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. T. Andersen, M.D.		23b. ADDRESS Montgomery City, Mo		23c. DATE SIGNED 11-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE NOV-28-1956		24c. NAME OF CEMETERY OR CREMATOR Hugo Cemetery	
		24d. LOCATION (City, town, or county) (State) New Florence Mo			

DATE REC'D BY LOCAL REG. Nov 30, 1956		REGISTRAR'S SIGNATURE Mrs. Eunice Bush		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Baker American Mo	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Blue

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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 *D. B. Baker*.....

Licensed Embalmer No...3375...

P. O. Address...AMERICAN...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.