

FILED JUL 22 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 246-55

Primary Registration District No. 2001

Registrar's No. 327

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN SHOAL CREEK		c. CITY-OR TOWN JOPLIN	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4020 S. MAIN ST		Length of stay in 1b ALWAYS	
d. STREET ADDRESS 4020 S. MAIN ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last PEARL ELIZABETH FRYER			4. DATE OF DEATH Month Day Year JUNE 30, 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 19, 1890
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) JOPLIN, MO.
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME THOMAS WILSON		13b. MOTHER'S MAIDEN NAME MARY SHORMAKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown)		17. INFORMANT Address FLOYD F. FRYER, 4020 S. MAIN STREET	
13c. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE FLOYD F. FRYER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown)		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral tumor & metastases</i>		INTERVAL BETWEEN ONSET AND DEATH 4 MONTHS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a),		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1561	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 6/13/57 to 6/30/57 and last saw her alive on 6/30/57 Death occurred at 10:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. A. Schulte, M.D.		22b. ADDRESS 2125 Jackson, Joplin, Mo	
22c. DATE SIGNED 7/6/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-3-57	
23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 7-9-57	
26. REGISTRAR'S SIGNATURE Dove Merriam			

RECEIVED

District Health Officer No. Newton

District File Number 757-159

Date Filed JUL 10 1957

JUL 29 1957
AUG 2 1957

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 F. M. Jones

Licensed Embalmer No. 2319

P.O. Address Joplin 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.