FILED FEB 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004849
STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 4133 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kearney — Inside Limits Yes ■ No □
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kearney, Mo — Length of stay in 1b 28 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Kearney — Inside Limits Yes ■ No □
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes □ No ■

3. NAME OF DECEASED (Type or print) First Leonard Middle Last Fry
4. DATE OF DEATH Month Feb Day 9, Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ■ NEVER MARRIED □ WIDOWED □ DIVORCED □
8. DATE OF BIRTH Sept 14, 1877
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Funeral Dir.
10b. KIND OF BUSINESS OR INDUSTRY Funeral directing,
11. BIRTHPLACE (City and state or country) Clay County, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Fry
14. MOTHER'S MAIDEN NAME Amanda Sloan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-40-1724
17. INFORMANT Address Mrs Leonard Fry, Kearney, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriolarnephrosclerosis — 1 yr.
DUE TO (c) Generalized Arteriosclerosis — 5 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 446X
19. WAS AUTOPSY PERFORMED? YES □ NO ■ 2

20a. ACCIDENT □ SUICIDE □ HOMICIDE □
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK □ NOT WHILE AT WORK □
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 Sept 1957, to Feb 9 1958 and last saw him alive on Feb 9, 1958
Death occurred at 12:05 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David R. Giles M.D.
22b. ADDRESS Smithville, Mo
22c. DATE SIGNED 2-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-11-58
23c. NAME OF CEMETERY OR CREMATORY Mt Olivet
23d. LOCATION (City, town, or county) (State) Kearney, Missouri

24. FUNERAL DIRECTOR ADDRESS Fry Funeral Home, Kearney, Mo.
25. DATE RECD. BY LOCAL REG. 2-11-58
26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED
FEB 18 1958
CLAY CO.
HEALTH CENTER

APR 11 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph Van Landingham

Licensed Embalmer No. 4

Excelsior Springs,

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.