

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000075

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

17

300
1-57

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Wellsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County		Length of stay in lb 3 weeks		d. STREET ADDRESS (If outside, give location) 507 Locust		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First VIRGINIA Middle ELIZABETH Last FRY				4. DATE OF DEATH Month January Day 15 Year 1959			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 4, 1906		9. AGE (In years last birthday) 52 MONTHS 2 DAYS 11 IF UNDER 24 HRS. Hours Min.	
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 country) Montgomery County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME F.L. Osborn		13b. MOTHER'S MAIDEN NAME Jewell Alderson		14. NAME OF HUSBAND OR WIFE John W. Fry			
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 John W. Fry Address Wellsville, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial decompensation						INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteric insufficiency						5 yrs.	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 12/26/58 to 1/15/59 and last saw her alive on 1/15/59 Death occurred at 7:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H.D. Johnson D.D. 2				22b. ADDRESS Mexico Mo		22c. DATE SIGNED 1-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/17/1959	23c. NAME OF CEMETERY OR CREMATORY Wellsville City		23d. LOCATION (City, town, or county) (State) Wellsville, Missouri		
24. FUNERAL DIRECTOR A.B. Kelly			ADDRESS Wellsville, Mo		25. DATE RECD. BY LOCAL REG. JAN 16-1959	26. REGISTRAR'S SIGNATURE Blanche Neely	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

H.D. Johnson D.D. 2

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Howard F Myers*

Licensed Embalmer No. *4494*

P. O. Address *Wellsville, 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.