

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017710

State File No.

FILED JUN 9 1959

BIRTH NO.

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No. 2313

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 4 1/2 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2313 E. 13th				STREET ADDRESS (If rural, give location) 2313 E 13th				
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Astor		c. (Last) Frye		4. DATE OF DEATH (Month) (Day) (Year) 5// 6 /1959		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/12/ 1915		
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Kiomita Texas		
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Frank Frye		13b. MOTHER'S MAIDEN NAME Rebecca Cary		14. NAME OF HUSBAND OR WIFE Rosa Lee, P, Frye	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2		16. SOCIAL SECURITY NO. 493-12-0506		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosa Lee Frye K.C. Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Cornyary Occlusion				5 days		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				1 year		
		DUE TO (b) Hypertension						
		DUE TO (c) Chronic Myocarditis						
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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		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 9-2-58 to 5-6-59 that I last saw the deceased alive on 5-6-59 and that death occurred at 5 P. m., from the causes and on the date stated above.								
23a. SIGNATURE Wm. A. Love (Degree or title) M. D.				23b. ADDRESS 434 Quindaro Blvd., - K. C.		23c. DATE SIGNED Ks. 5-7-59		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/8/59		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Leavenworth, Lv. Kansas		
DATE REC'D BY LOCAL REG. 5-9-59		REGISTRAR'S SIGNATURE Elva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bailey Funeral Home, K.C. Kansas				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Wm. A. Love

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.....


Licensed Embalmer No.....

P. O. Address.....


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.