

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024639

FILED VS JUL 20 1959 *101*

Registration District No. _____ Primary Registration District No. _____ Registrar's No. *41*

STATE FILE NUMBER

| | | | | | | | |
|--|--|---|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Douglas</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ava</u> Length of stay in lb <u>Life time</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u> c. CITY OR TOWN <u>Ava</u> d. STREET ADDRESS _____ (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>General</u> Middle <u>Harvey</u> Last <u>Frye</u> | | | 4. DATE OF DEATH Month <u>7</u> Day <u>9</u> Year <u>1959</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>3/12/1873</u> | 9. AGE (last birthday) <u>86</u> IF UNDER 1 YEAR IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and state or country) <u>Douglas County U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>General Harvey Frye</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown--Reuthford</u> | | 14. NAME OF HUSBAND OR WIFE <u>Divorced (Laura)</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT Address <u>Leonard Frye Ava, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cocaine of Prostate</u> | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | 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 <u>6-4-54</u> to <u>7-9-59</u> and last saw ^{her} him alive on <u>7/9/59</u> Death occurred at <u>7-9-59</u> <u>1:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>M. C. Lentz M.D.</u> | | | 22b. ADDRESS <u>Ava, Mo.</u> | | 22c. DATE SIGNED <u>7-13-59</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>7-12-1959</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Frye Cemetery</u> | | | |
| 23d. LOCATION (City, town, or county) (State) <u>Douglas County, Mo.</u> | | | 24. FUNERAL DIRECTOR ADDRESS <u>Clinkingbeard Funeral Home Ava, Mo.</u> | | | | |
| 25. DATE RECD. BY LOCAL REG. <u>July 13-59</u> | | 26. REGISTRAR'S SIGNATURE <u>Wesley Bushman</u> | | | | | |

DOCUMENT

MEDICAL-CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 466

P. O. Address Ava, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.