

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028297

FILED VS AUG 2 1959

REG. NO. **1058** Primary Registration District No. **3007** Registrar's No. **370**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY DOUGLAS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 12 DAYS		c. CITY OR TOWN AVA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) NONE			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LOUIN Middle (NONE) Last FRY			4. DATE OF DEATH AUGUST 4, 1959 Month Day Year						
5. SEX MALE	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 8-27-89	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and state or country) ALMARTHA, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JAMES M. FRY			13b. MOTHER'S MAIDEN NAME NANCY PERSELL			14. NAME OF HUSBAND OR WIFE MARGARET FRY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RHEUMATIC HEART DISEASE.								INTERVAL BETWEEN ONSET AND DEATH 20 Years.	
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)						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 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	
VA									
21. I attended the deceased from July 23, 1959 to Aug. 4, 1959 Death occurred at 5:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Robert S. Cohen</i> ROBERT S. COHEN, M.D., Chief, Medical Svc.					22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.			22c. DATE SIGNED 8/5/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-7-59	23c. NAME OF CEMETERY OR CREMATORY Local			23d. LOCATION (City, town, or county) (State) Ava, Missouri			
24. FUNERAL DIRECTOR Greer Croy & Fitch Poplar Bluff, Mo.				25. DATE RECD. BY LOCAL REG. 8/10/59		26. REGISTRAR'S SIGNATURE <i>R. Mueller</i>			

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 Philip J. Carroll

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff

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