

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 17 1960

-60-020288

Registration District No. 264 Primary Registration District No. 5891 Registrar's No. 28 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ozark</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gainesville</b>		Length of stay in 1b <b>15 yrs</b>	c. CITY OR TOWN <b>Gainesville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Bridges Twp</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Virgil</b> Middle <b>Homer</b> Last <b>Fry</b>			4. DATE OF DEATH Month <b>5</b> Day <b>26</b> Year <b>1960</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-26-1924</b>	9. AGE (last birthday) <b>35</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Squires, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Henry Fry</b>		13b. MOTHER'S MAIDEN NAME <b>Jesse Fletcher</b>		14. NAME OF HUSBAND OR WIFE <b>Thelma Fry</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war and dates of service) <b>yes W.W. 2</b>		16. SOCIAL SECURITY NO. <b>497-24-4677</b>	17. INFORMANT Address <b>Thelma Fry, Gainesville, Mo</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>myocardial infarction</b>		<b>2 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary Artery occlusion</b>	<b>2 hr.</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 _____ 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 <b>5/8/60</b> to <b>5/8/60</b> and last saw <sup>her</sup> him on <b>5/8/60</b> Death occurred at <b>10:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Arthur L. Beard</b>		22b. ADDRESS <b>Gainesville, Mo.</b>	22c. DATE SIGNED <b>5/11/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-10-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gainesville City</b>	23d. LOCATION (City, town, or county) (State) <b>Gainesville, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Clinkingbeard, Gainesville, M.</b>		25. DATE RECD. BY LOCAL REG. <b>5/12/60</b>	26. REGISTRAR'S SIGNATURE <b>Thelma Mahan</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 27 1960

STATEMENT BY LICENSED EMBALMER

MAY 19 1960

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Vary*

Licensed Embalmer No. 4880

P. O. Address *Gainesville*

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.