

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023722

FILED VS JUL 15 1960

Registration District No. 181 Primary Registration District No. 4294 Registrar's No. 21 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lincoln				
b. CITY (If outside corporate limits, give TOWNSHIP only) Silex		Length of stay in lb Lifetime		c. CITY OR TOWN Silex		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N 2nd Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) N 2nd Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ARCHIE Middle BANKETT Last FRY				4. DATE OF DEATH Month July Day 9 Year 1960				
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 July 4 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 0 Days 5	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Grain Elevator		11. BIRTHPLACE (City, and state or country) Edgewood, Mo.		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Frank Fry			13b. MOTHER'S MAIDEN NAME Harrett Jeffries			14. NAME OF HUSBAND OR WIFE Jessie 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. 489 28 1322		17. INFORMANT Jessie Fry, Silex, 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) Myocardial Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Cardiac De compensation ? DUE TO (c) Cardio-Vascular disease							INTERVAL BETWEEN ONSET AND DEATH	
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 Silex, Mo	
20g. COUNTY Lincoln		20h. STATE Mo		21. I attended the deceased from 7/9/60 10AM to 7/9/60 9:40PM and last saw ^{her} him alive on Same Date Death occurred at 9:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) P. S. Clark, D.O.				22b. ADDRESS Silex, Mo			22c. DATE SIGNED 7/10/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 11, 60	23c. NAME OF CEMETERY OR CREMATORY Auburn Cemetery		23d. LOCATION (City, town, or county) (State) Auburn, Mo.				
24. FUNERAL DIRECTOR J.O. Mudd			ADDRESS Silex, Mo.		25. DATE RECD. BY LOCAL REG. 7/11/1960	26. REGISTRAR'S SIGNATURE Mrs. Clarence Kientz		

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 James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green

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.