

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8168

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 70

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | |
| c. LENGTH OF STAY (in this place) <u>life time</u> | | d. STREET ADDRESS (If rural, give location) <u>705 North Fourth St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS | |
| 3. NAME OF DECEASED a. (First) <u>ROSE</u> b. (Middle) <u>ETTA</u> c. (Last) <u>FRYE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 14 1949</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb - 28 - 1877</u> |
| 9. AGE (In years last birthday) <u>72</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Benton County Missouri</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Steven Hawey Ingram</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Lewis</u> | 14. NAME OF HUSBAND OR WIFE <u>Lewis Frys</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'S SIGNATURE OR NAME ADDRESS <u>Mr. Ernest A. Dobbs Clinton Mo.</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u> DUE TO (c) <u>diabetes melitus</u> 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 <u>200X</u> | |
| 20. AUTOPSY? 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 <u>12/9</u> , 19 <u>48</u> , to <u>3/17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/14</u> , 19 <u>49</u> , and that death occurred at <u>7:00</u> p. m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>R J Powell</u> | | 23b. ADDRESS <u>Clinton Mo</u> | 23c. DATE SIGNED <u>3/17/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 24 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u> | 24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>3-17-49</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 422 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred Wilkman Clinton Mo</u> |

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 2-49-265

Date Filed 3-21-49

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 _____

none

Student Embalmer No. None

working under my personal supervision.

Signed none
Student Embalmer

Signed G. L. Wilkinson

Licensed Embalmer No. 4376

P. O. Address Clinton, Mo

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 this body is not embalmed, fact should be so stated above.