

L. No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35938**  
Registrar's No. **6**

Registration District No. **1005**

Primary Registration District No. **6009**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH  
(a) County St. Clair  
(b) City or town Wentz, Jones, V. First  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 da years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Clair  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lyman Gaddis Frybarger  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11 day 5  
year 1941 hour 7- minute A. M.

4. Sex MO 5. Color of race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Olta Burrow 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased 11-6-1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-8, 1941, to 11-4, 1941;  
that I last saw him alive on 11-4, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cancer of Prostate Duration 1-2 yrs

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

10. Usual occupation Salesman

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name L. G. Frybarger, Sr.

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Manda Spurgeon

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Edna Van Allen

(b) Address Hot Spgs. Ark

17. (a) Burial (b) Date thereof 11-6-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Cem

18. (a) Signature of funeral director Osceola Mo

(b) Address \_\_\_\_\_  
19. (a) Nov 7-1941 (b) Mattie Davis  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature T. H. Dangler, Jr. (M. D. or other) MD  
Address Osceola, Mo. Date signed 11-7-41

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

876 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1877

Date Filed 11-13-41

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**