

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4063 State File No. 7574
5151 Registrar's No. 13

1300

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

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4063</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>CALDWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Caldwell</u>			
b. CITY OR TOWN <u>Kidder</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>Kidder</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED a. (First) <u>CHARLES</u>			b. (Middle) <u>D</u>		c. (Last) <u>Fry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-11-49</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1-22-1874</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>WINSTON</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ISSAC Fry</u>			13b. MOTHER'S MAIDEN NAME <u>Missie Clay</u>		14. NAME OF HUSBAND OR WIFE <u>Aurilla Fry</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Aurilla Fry Kidder 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>generalized arteriosclerosis</u> <u>chronic myocarditis</u> -- DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 2 2 2</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>Jan 1899</u> , to <u>3-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-7</u> , 19 <u>49</u> , and that death occurred at <u>2:20</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. Kimes M.D.</u>				23b. ADDRESS <u>Cameron, Mo.</u>		23c. DATE SIGNED <u>3-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whistler</u>		24d. LOCATION (City, town, or county) (State) <u>Winston MO</u>	
DATE REC'D BY LOCAL REG. <u>March 22 49</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones 37</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs Kate Sharp Winston MO</u>			

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

P. O. Richardson

Signed.....
Student Embalmer

Licensed Embalmer No. *3307*

P. O. Address.....

Gallatin, 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.