

FILED APR 18 1949

STANDARD CERTIFICATE OF DEATH

State File No.

14608

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>6200</u>		Registrar's No. <u>60</u>		
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Morris Twp.</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Morris Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Fry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1949</u>					
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 16 1866</u>		9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR <u>0</u> MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>William Crosby</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Fry</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Sterne</u>		ADDRESS <u>Ben Davis 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>41.3X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>1901</u> to <u>Mar 20, 1949</u> , that I last saw the deceased alive on <u>Mar 20, 1949</u> , and that death occurred at <u>6:25 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Carroll Cook M.D.</u>				23b. ADDRESS <u>Calool Mo.</u>		23c. DATE SIGNED <u>Apr 5/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 5, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calool</u>		24d. LOCATION (City, town, or county) (State) <u>Calool Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-6-49</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u> <u>325</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord S. Elliott</u>		ADDRESS <u>Calool Mo</u>		

(Licensed Embalmer's State Seal on Reverse Side)

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

RECEIVED

District Health Officer No. 5

District File Number 449258

Date Filed 4-12-49

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

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.