

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29638

2306

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5278 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Township</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Township</u>	
		d. STREET ADDRESS (If rural, give location) <u>RFD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>A</u> c. (Last) <u>Fryer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9/17</u> <u>49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>6/27</u> <u>1873</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>
13a. FATHER'S NAME <u>Hosea Stouter</u>		13b. MOTHER'S MAIDEN NAME <u>Rosetta Shuman</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Fryer</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Erving Brennen</u> ADDRESS _____
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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & Arterial Sclerosis</u> DUE TO (c) _____ 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 _____	
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>9/16</u> <u>1949</u> , to <u>9/16</u> <u>1949</u> , that I last saw the deceased alive on <u>9/16</u> <u>1949</u> , and that death occurred at <u>10 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Sam H. Roberts A.D.O.</u>		23b. ADDRESS <u>Canton, Missouri</u>	23c. DATE SIGNED <u>9/19/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/19</u> <u>1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Patrick Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St Patrick, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9/21-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert P. Trear</u> ADDRESS <u>Keokuk, Ia</u>	

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

RECEIVED SEP 27 1949
District Health Officer No. 1
District File Number 9-49-166
Date Filed SEP 27 1949

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 Robt P. Greaves

Licensed Embalmer No. 3656

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.