

300
48

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6287 State File No. 15732

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY OR TOWN Mansfield R. Pleasant Hill Co.		c. CITY OR TOWN Mansfield R. Pleasant Hill Co.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		7400 WILKINSON TRAIL	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Fry c. (Last) Fry			4. DATE OF DEATH (Month) (Day) (Year) March 18-1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH March 12, 1876		9. AGE (In years, last birthday) 74		10. UNDER 1 YEAR: Months 6 Days 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Loudain Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Henry Fry		13b. MOTHER'S MAIDEN NAME Mary Ellen Woody		14. NAME OF HUSBAND OR WIFE Elsia Fry	
-------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Elsia H. Fry	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 6 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterio Sclerosis				

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 **Jan 29, 1950**, to **Mar 18, 1950**, that I last saw the deceased alive on **Mar 15, 1950**, and that death occurred at **12:15** a.m., from the causes and on the date stated above.

23a. SIGNATURE W.A. Zimmerman (Degree or title) D.O.		23b. ADDRESS Monsfield Mo		23c. DATE SIGNED 3/18/50	
--	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) buried		24b. DATE 3-20-1950		24c. NAME OF CEMETERY OR CREMATORY Wal Creek Cem.	
				24d. LOCATION (City, town, or county) (State) Wright	

DATE REC'D BY LOCAL REG. 4-8-50		REGISTRAR'S SIGNATURE Mrs. G.R. Winkham		25. FUNERAL DIRECTOR'S SIGNATURE Floyd A. Steffe	
				ADDRESS Mansfield Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 12 1950
WRIGHT CO. HEALTH DEPT.
County File Number 350-42
Date Filed 4-15-50

REB 1
1954

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 Charles R. Fish

Licensed Embalmer No. 4667

P. O. Address Avon, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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