

FILED MAY 26 1950 STANDARD CERTIFICATE OF DEATH

State File No. 16327

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5418 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY OR TOWN <u>Rural Cotton Hill Twp</u> c. LENGTH OF STAY (in this place) <u>6 hours</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Rural Cotton Hill Twp</u> d. STREET ADDRESS <u>Rt # 1</u>		
3. NAME OF DECEASED (Type or Print) <u>Joseph Allen Fry</u>		4. DATE OF DEATH <u>May 11 1950</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 28 1866</u>		9. AGE (In years last birthday) <u>84</u> 10. UNDER 1 YEAR <u>0</u> 11. UNDER 1 MONTH <u>13</u> 12. UNDER 1 HOUR <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Fry</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Rose</u>	
14. NAME OF HUSBAND OR WIFE <u>Dora Fry</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. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Fry</u>		18. ADDRESS <u>Malden Mo. R. 1</u>		19. MEDICAL CERTIFICATION	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>M. aortic failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u> DUE TO (c) <u>old age</u>		INTERVAL BETWEEN ONSET AND DEATH <u>444X</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) (Min)		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 3, 1949</u> , to <u>May 11, 1950</u> , that I last saw the deceased alive on <u>May 11, 1950</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>S. Coakley D.O.</u> (Degree or title)		23b. ADDRESS <u>Malden</u>		23c. DATE SIGNED <u>May 12/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 14 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Schuman</u>		25. ADDRESS <u>Landers Funeral Home Campbell, Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 15 1950</u>		REGISTRAR'S SIGNATURE <u>J. H. Schuman</u>		87	

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

35-0

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-22-50

COUNTY FILE NUMBER 550-146

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.