V.S. No. 300
Rev. 10.48

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

0043

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

68

FILED JAN 23 1952

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: AUDRAIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEXICO
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AUDRAIN Co HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: AUDRAIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEXICO 0043
d. STREET ADDRESS (If rural, give location): 509 E. PROMENADE

3. NAME OF DECEASED (Type or Print)
a. (First): ANNETTA
b. (Middle): —
c. (Last): FRY

4. DATE OF DEATH (Month) (Day) (Year): JAN 13-52

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JUNE 1- 1859
9. AGE (In years last birthday): 92
If under 1 year: Months: Days:
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MEXICO, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: RICHARD W. BOWN
13b. MOTHER'S MAIDEN NAME: SARAH GRAVES
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: W. W. FRY
ADDRESS: MEXICO MO

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete obstruction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Descending colon
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma colon — unknown
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 ☐ NO ☒

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) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1-12, 1952, *to* 1-13, 1952, *that I last saw the deceased alive on* 1-13, 1952, *and that death occurred at* 7:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernest J. Gantt MD
23b. ADDRESS: Mexico, Mo
23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-14-52
24c. NAME OF CEMETERY OR CREMATORY: ELMWOOD CEM
24d. LOCATION (City, town, or county) (State): MEXICO MO

DATE REC'D BY LOCAL REG.: JAN-14-1952
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: CHAS ARNOLD JR
ADDRESS: MEXICO MO

(Licensed Embalmer's Statement on Reverse Side)

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 V. Greening

Licensed Embalmer No. 4625

P. O. Address Mexico 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.