

FILED MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7394

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 7000 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Rush Township	
c. LENGTH OF STAY (In this place) 10 min.		d. STREET ADDRESS (If rural, give location) Rt. # 1, Halls, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph' Hospital			

3. NAME OF DECEASED (Type or Print) CHARLES EDWARD FRY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 3 10 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 7-18-1933	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.	11. BIRTHPLACE (State or foreign country) Seegerence, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Richard E. Fry	13b. MOTHER'S MAIDEN NAME Anna J. Calhoun	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-34-9782	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard E. Fry, Rt. # 1, Halls, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture		1 day.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of the left Parietal bone, cuts and bruises about the head and face. DUE TO (c) About the head and face.		1 day. E 8161
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		Man was fatally injured in	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION a car - Truck collision on State Highway # 59. One mile north of Rushville Mo	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 59	21c. (COUNTY, OR TOWNSHIP) (COUNTY) (STATE) Rush Buchanan Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 10 - 1952 6:10 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile - Truck Collision
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22. I hereby certify that I attended the deceased on 3/10, 1952, to 19, that I last saw the deceased alive on 19, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 3/10/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-12-1952	24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	24d. LOCATION (City, town, or county) (State) DeKalb, Missouri
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DATE REC'D BY LOCAL REG. March 11, 1952	REGISTRAR'S SIGNATURE 446 Carl C. Cash	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

SEP 9 1952

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address Joseph 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.