

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39043**
5369

FILED DEC 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>3 yr</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jefferson Park Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>3920 Herdolph</u> <u>3080</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry Benjamin</u> b. (Middle) <u>Frary</u> c. (Last) <u>Frary</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-4-1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR <input checked="" type="checkbox"/> Days _____ Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Redwood Mo</u>	

13a. FATHER'S NAME <u>Hiram F. Frary</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Sanborn</u>	14. NAME OF HUSBAND OR WIFE <u>Max Bert Frary</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs E. J. Neutcha, Kansas City, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>None</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis</u>		<u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremic, specific (hepatic) Abnormal. life life</u>		<u>3 years</u>	
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) m.	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 October 19 50 to Nov 12 19 53 that I last saw the deceased alive on Nov 9 19 53 and that death occurred at 3:45 mi. from the causes and on the date stated above.

23a. SIGNATURE <u>Florence E. Mac Innis</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1103 Grand Tower City, Mo</u>	23c. DATE SIGNED <u>11/27/53</u>
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24a. BURIAL CREMATION (Specify) <u>Burial</u>	24b. DATE <u>11-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Holden Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-13-53</u>	REGISTRAR'S SIGNATURE <u>Lueldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Conrad Hop Holden Mo</u>	

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

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.....
Signature of Student Embalmer

Signed *M. J. Canaday*

Licensed Embalmer No. *1040*.....

P. O. Address *Holden*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.