

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5609

State File No. ....

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5875 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>OREGON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>OREGON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - Thomasville (more)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - 0750</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EUGENE</b>	b. (Middle) <b>CALVIN</b>	c. (Last) <b>FRY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 26 '54</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>9/25/1929</b>
9. AGE (In years) last birthday <b>24</b>	IF UNDER 1 YEAR Month <b>5</b> Days <b>1</b>	IF UNDER 1 HR. Hours <b>—</b> Mins. <b>—</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BIRCH TREE, MO. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>DELMAR B. FRY</b>	13b. MOTHER'S MAIDEN NAME <b>FRANCIS PERKINS</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ARTHUR FRANKS</b>	ADDRESS <b>THOMASVILLE, MO.</b>
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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) <b>Gunshot wound in head</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last. DUE TO (b) <b>self inflicted</b> DUE TO (c) <b>by 12 ga. shotgun</b>		
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 <b>E976X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>suicide</b> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Lee W. Martin</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Chayer, Mo.</b>	23c. DATE SIGNED <b>2-27-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-1-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>JOLLIFF CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>OREGON COUNTY MO.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 3-54</b>	REGISTRAR'S SIGNATURE <b>Mrs W Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John D. Clay</b>	ADDRESS <b>Alton MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10. 300  
10. 48  
50  
1

**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 D. Clary*

Licensed Embalmer No. 4875

P. O. Address Box 398, Altam, 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.