

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **592**

BIRTH NO. **FILED FEB 15 1955** REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **4136** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg 0250	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 317 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 317 Broadway			

3. NAME OF DECEASED (Type or Print) Augusta	a. (First)	b. (Middle) ---	c. (Last) Fry	4. DATE OF DEATH (Month) (Day) (Year) Feb 9 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 19 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 1 Days 20	IF UNDER 24 HRS. Hours --- Min. ---
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home keeper	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) St. Joseph Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John H. Whited	13b. MOTHER'S MAIDEN NAME CORA Mc FETTERS	14. NAME OF HUSBAND OR WIFE George Fry
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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 Mr. Ralph Anson	ADDRESS Plattsburg, 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 4-5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) malnutrition and dehydration 5-6 weeks DUE TO (c) Adenocarcinoma breast metastasis 4 years		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 170 X (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Nov 1953** to **Feb 9, 1955**, that I last saw the deceased alive on **Feb 8, 1955**, and that death occurred at **8:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John P. Mabrey M.D.	23b. ADDRESS Plattsburg, MO.	23c. DATE SIGNED Feb 11, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Feb 11 1955	24c. NAME OF CEMETERY OR CREMATORY Green Lawn	24d. LOCATION (City, town, or county) (State) Plattsburg MO.
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DATE REC'D BY LOCAL REG. Feb 11-1955	REGISTRAR'S SIGNATURE Elizabeth Devarred	44-	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Lyon	ADDRESS Plattsburg, MO
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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
Student Embalmer

Signed.....

Danell D. Lyon

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, 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.