

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36838**

FILED NOV 13 1956

| | | | | | | | | | |
|---|--|---|--|---|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>369</u> | | PRIMARY REG. DIST. NO. <u>4538</u> | | Registrar's No. <u>27</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>WAYNE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> | | | | b. COUNTY <u>WAYNE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIEDMONT</u> | | c. LENGTH OF STAY (In this place) <u>2</u> | | c. CITY OR TOWN <u>PIEDMONT</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>✓</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1110</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) <u>ELECTA</u> | | b. (Middle) <u>NANCY</u> | | c. (Last) <u>FRYE</u> | | |
| 4. DATE OF DEATH | | (Month) <u>OCT.</u> | | (Day) <u>28</u> | | (Year) <u>1956</u> | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>FEB 9, 1877</u> | | | |
| 9. AGE (In years last birthday) <u>79</u> | | IF BORN IN YEAR Months <u>7</u> Days <u>9</u> | | IF BORN IN MRS. Hours <u>5</u> Min. <u>0</u> | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>PIEDMONT, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>JESSIE HAMM</u> | | | 13b. MOTHER'S MAIDEN NAME <u>FREDONIA HENSON</u> | | | 14. NAME OF HUSBAND OR WIFE <u>CHARLES B. KERR</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>RUBY HUNTER</u> | | | | ADDRESS <u>PIEDMONT Mo</u> | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>advanced age</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1945</u> , 19 <u>56</u> to <u>1956</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10/25</u> , 19 <u>56</u> and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. H. Hunt M.D.</u> | | | | 23b. ADDRESS <u>Piedmont, Mo</u> | | | 23c. DATE SIGNED <u>10/31/56</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>NOV. 1, 56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>SPARKS CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>NEAR PIEDMONT Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Nov. 8, 1956</u> | | REGISTRAR'S SIGNATURE <u>Hazel Ward</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon W. Gosh</u> | | ADDRESS <u>Piedmont Mo</u> | | | |

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

460

RECEIVED
NOV 9 1956
WAYNE CO. HEALTH CENTER
FILE No.

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 *me*, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Mervin E. Bowles*
Licensed Embalmer No. *144*

P. O. Address *Piedmont*

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.