

FILED AUG 20 1957

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

30597  
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>214 S. Commercial</u>		Length of stay in lb <u>34</u> years		d. STREET ADDRESS (If outside, give location) <u>214 S. Commercial</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Clarence</u> Last <u>Frye</u>				4. DATE OF DEATH Month <u>August</u> Day <u>10</u> Year <u>1957</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1891</u> <u>February 1</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Public S. Co.</u>		11. BIRTHPLACE (City and state or country) <u>Greenfield Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ben Frye</u>			13b. MOTHER'S MAIDEN NAME <u>Cynthia Robinette</u>			14. NAME OF HUSBAND OR WIFE <u>Maggie Frye</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>491-05-9117</u>		17. INFORMANT Address <u>Mrs. Maggie Frye Nevada, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>One year</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>none</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g.: in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION <u>Nevada</u>		COUNTY <u>Vernon</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>8-9-57</u> to <u>Aug 10/57</u> and last saw her alive on <u>Aug 8-57</u> Death occurred at <u>4 P. m.</u> on the <u>10-57</u> stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. A. Love, M.D.</u>				22b. ADDRESS <u>Nevada Mo.</u>		22c. DATE SIGNED <u>Aug 12/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hackleman Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cedar County Missouri</u>		
24. FUNERAL DIRECTOR <u>Ferry Funeral Home Nevada, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8-17-1957</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATIONth,  
fic  
ice

REC'D  
SEP 8 1957

OCT 29 1957

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 *B. J. Lindley* .....  
Student Embalmer No. ....

Licensed Embalmer No. *482* .....  
P. O. Address. *Merada,* .....

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.