Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1957

STATE FILE NUMBER 31861

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3875

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 532 Blue Ridge — Length of stay in 1b: 2 hrs

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barton
c. CITY OR TOWN: Lamar — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 303 W. 10th Str. — Reside on Farm: Yes [ ] No [ ]

**3. NAME OF DECEASED** (Type or print): First: Stella Middle: Mae Last: Fryer

**4. DATE OF DEATH** Month, Day, Year: Aug. 17, 1957

**5. SEX:** female

**6. COLOR OR RACE:** white

**7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

**8. DATE OF BIRTH:** July 9, 1881

**9. AGE** (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** home

**11. BIRTHPLACE** (City and state or country): Grant City, Missouri

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME:** John Lines

**13b. MOTHER'S MAIDEN NAME:** Mary Simmons

**14. NAME OF HUSBAND OR WIFE:** Roscoe Fryer

**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** Address: Marguerite Glassner, K. C. Mo.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cause of Death unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 7955
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Post Refused

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 11:20 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Hugh N. Owens Coroner

**22b. ADDRESS:** 1034 Pratto Bldg

**22c. DATE SIGNED:** 8-17-57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): removal

**23b. DATE:** 8-17-57

**23c. NAME OF CEMETERY OR CREMATORY:**

**23d. LOCATION** (City, town, or county) (State): Lamar, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Chiles Mortuary, Lamar, Mo.

**25. DATE RECD. BY LOCAL REG.:** 8-18-57

**26. REGISTRAR'S SIGNATURE:** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

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## 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 John R. Sidm

Licensed Embalmer No. 453

P. O. Address Kansas C

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.