

FILED NOV 26 1957

STANDARD CERTIFICATE OF DEATH

43278
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 213

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 315 W. Hickory		Length of stay in lb 75 yrs.	d. STREET ADDRESS (If outside, give location) 315 W. Hickory		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle L. Last Pryor			4. DATE OF DEATH Month November Day 14 Year 1957		
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 24, 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Martinville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Fryor		13b. MOTHER'S MAIDEN NAME Susieann Whitstine		14. NAME OF HUSBAND OR WIFE Daisy Fryor, Nevada, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Daisy Fryor, 315 W. Hickory Address Nevada, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 16 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) ✓					331XF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fell in Bedroom Oct 29th - Fractured right shoulder.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Cerebral hemorrhage - fell in corner of bed room - fractured right shoulder.			
20c. TIME OF INJURY Hour 02 Month, Day, Year Oct 29-1957 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.) In his bedroom.			
20f. CITY, TOWN, OR LOCATION Nevada		COUNTY Vernon		STATE Mo.	
21. I attended the deceased from Oct 29-57 to Nov 14-57 and last saw him alive on Nov 14-1957 . Death occurred at P. 1 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. B. Love Mrs. (Degree or title)			22b. ADDRESS Nevada, Mo.		22c. DATE SIGNED 11/15/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1957 November 17	23c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery		23d. LOCATION (City, town, or county) (State) Vernon County Mo.
24. FUNERAL DIRECTOR Ferry Funeral Home		ADDRESS Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 11-18-1957	26. REGISTRAR'S SIGNATURE Anna E. Ferris

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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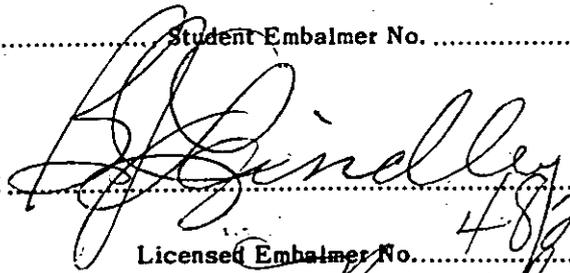
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STATEMENT BY LICENSED EMBALMER

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 
Licensed Embalmer No. 4875
P. O. Address Nevada

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.