

alth,  
elfare  
blic  
vice

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2460

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		c. CITY OR TOWN Rural-Dardenne twsp	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		d. STREET ADDRESS (If outside, give location) R.R. # 1	

3. NAME OF DECEASED (Type or print) First Middle Last Jesse Mack Fry			4. DATE OF DEATH Month Day Year Jan. 28, 1958			
--	--	--	---	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 14, 1916	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days 9 14	IF UNDER 24 HRS. Hours Min. 0 0
----------------	---------------------------	---	------------------------------------	---------------------------------------	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver	10b. KIND OF BUSINESS OR INDUSTRY hauling	11. BIRTHPLACE (City and state or country) Silex, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME Jesse L. Fry	13b. MOTHER'S MAIDEN NAME Alice Jennett	14. NAME OF HUSBAND OR WIFE Viola F. Bass
------------------------------------	--	--

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. 500-18-5520	17. INFORMANT Mrs. Viola Fry, Saint Charles Co., 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) CORONARY Occlusion		INTERVAL BETWEEN ONSET AND DEATH 7 sec
DUE TO (b) Atherosclerotic Heart Disease		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) 4200
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 type="checkbox"/>	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 Death occurred at 7:30 PM Dec 1956 to 21 Jan 58 and last saw him alive on 21 Jan 58 on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE Irene S. M... M.D.	22b. ADDRESS O Tallon, Mo	22c. DATE SIGNED 29 Jan 58
--------------------------------------	------------------------------	-------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
---	---------------------------	--	---

24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo	25. DATE RECD. BY LOCAL REG. Jan 29 58	26. REGISTRAR'S SIGNATURE Maurella Wilson
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 5 1958

FEB 10 1958

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 *Frank R. [Signature]* .....

Licensed Embalmer No. *483* .....  
P. O. Address *St. Charles* .....

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.