

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025485

STATE FILE NUMBER

FILED JUL 17 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3162

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Henry</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>CLINTON</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) <b>V.A. HOSPITAL</b>			Length of stay in lb <b>12 days</b>		d. STREET ADDRESS <b>#12 JEFFERSON</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>REX</b> Middle <b>D.</b> Last <b>FRY</b>				4. DATE OF DEATH Month <b>6th</b> Day <b>26th</b> Year <b>1958</b>					
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>11-1-06</b>		9. AGE (In years last birthday) <b>51 yr</b>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		11. BIRTHPLACE (City and state or country) <b>Plattsburg, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Charles F. Fry</b>			13b. MOTHER'S MAIDEN NAME <b>Vere O'Neil</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) <b>Yes WW 2</b>			16. SOCIAL SECURITY NO. <b>500 10 7928</b>		17. INFORMANT Address <b>V.A. Hospital, Records, K.C., Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary fibrosis</b>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <b>Histoplasmosis, active</b> DUE TO (c) <b>Disseminated histoplasmosis</b>							1342		
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.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <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 <b>June 14, 1958</b> to <b>June 26, 1958</b> and <b>attended to the deceased</b> Death occurred at <b>11:25 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>C. E. ANDREWS</b> (Print name or title)				22b. ADDRESS <b>MD V.A. Hospital, K.C., Mo</b>				22c. DATE SIGNED <b>6-27-58</b>	
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE <b>6/27/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CLINTON CEM.</b>			23d. LOCATION (City, town, or county) (State) <b>CLINTON, MO.</b>			
24. FUNERAL DIRECTOR <b>Brush &amp; Pasco O.W. NEWCOMER'S SONS</b>				25. DATE RECD. BY LOCAL REG. <b>6-27-58</b>		26. REGISTRAR'S SIGNATURE <b>newminshall</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57



**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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address KE MO

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.