THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000780
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 101 Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY Douglas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springcreek — Inside Limits Yes ☐ No ✱
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Douglas
c. CITY OR TOWN Ava c 346 — Inside Limits Yes ☐ No ✱
d. STREET ADDRESS (If outside, give location) Route 4, Box 84 — Reside on Farm Yes ☐ ✱ No ☐

3. NAME OF DECEASED (Type or print) First Theodore Middle C. Last Frye
4. DATE OF DEATH Month Jan. Day 19 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ✱ ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 15, 1872
9. AGE (In years last birthday) 86 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Athans, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Frye
14. MOTHER'S MAIDEN NAME Rebecca Adair
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 Glenn Frye, Ava, Missouri

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) Cerebral Hemorrage, Cheastrof — INTERVAL BETWEEN ONSET AND DEATH 1-1-59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 8-9-51, to 1-18-59 and last saw him alive on 1-18-59
Death occurred at 11:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. C. E. Harlan D.O.
22b. ADDRESS Ava Mo
22c. DATE SIGNED 1-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-21-59
23c. NAME OF CEMETERY OR CREMATORY Fannon
23d. LOCATION (City, town, or county) (State) Ava, Missouri

24. FUNERAL DIRECTOR ADDRESS Clinkingbrard Funeral Home, Ava, Mo.
25. DATE RECD. BY LOCAL REG. Jan 21-59
26. REGISTRAR'S SIGNATURE Vestel Buchman

(Licensed Embalmer's Statement on Reverse Side)

C E Harlan

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lyle G. Glinkingb

Licensed Embalmer No. 4

P. O. Address Ava,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.