Health, Welfare Public Service

300 -57 4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006319

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Susans Nursing Home — Length of stay in 1b 1 Yr. 8 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Putnam
c. CITY OR TOWN Lucerne R. F. D. 0860 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Medicine Township — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Essie Middle Fay Last Fry

4. DATE OF DEATH Month Day Year February 26, 1959

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH March 1, 1335

9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 11 Days 25 — 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 Own Home

11. BIRTHPLACE (City and state or country) Crawford County, Kansas 1

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Thomas B. Davis

13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Thomas

14. NAME OF HUSBAND OR WIFE Jonah Kent Fry

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 Thos R Davis Lucerne, 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) Myocardial Infarct (Antwall) — INTERVAL BETWEEN ONSET AND DEATH 10 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary Empyema — 3 mo.
DUE TO (c) Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Aug 10 - 57, to 2-26-59 and last saw her alive on 2-26-59
Death occurred at 9:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. W. Matheny D. O. 2

22b. ADDRESS Chillicothe, Missouri

22c. DATE SIGNED 2/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2/28/59

23c. NAME OF CEMETERY OR CREMATORY Lucerne Cemetery

23d. LOCATION (City, town, or county) (State) Lucerne, Missouri

24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home; Chillicothe, Mo

25. DATE RECD. BY LOCAL REG. 2/28/59

26. REGISTRAR'S SIGNATURE Frances B Neill

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Edward Naumann

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.