RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 8 1959

59-028728
STATE FILE NUMBER

Registration District No. 1/28 Primary Registration District No. 2000 Registrar's No. 912

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b: 25 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Spfd. Bapt. Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1034 S. Oak Park Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: LEONARD Middle: JESSE Last: FRY
4. DATE OF DEATH Month, Day, Year: August 29, 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/18/1920
9. AGE (last birthday): 38
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Concrete Mix Co.
11. BIRTHPLACE (City and state or country): Mansfield, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles Fry
13b. MOTHER'S MAIDEN NAME: Viola Divers
14. NAME OF HUSBAND OR WIFE: Betty Fry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 509-18-5163
17. INFORMANT: Betty Fry, Address: 1034 S. Oak Park Avenue, Springfield, 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) Gun shot wound in head
INTERVAL BETWEEN ONSET AND DEATH: inst
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) He came home intoxicated, according to a young son and his wife. He threatened both himself and wife with a.22 Cal. Automatic Beretta. He shot himself in the head with the gun.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: Aprox 11:00 P.M. 8/29/59
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.): Home
20f. CITY, TOWN, OR LOCATION COUNTY STATE: Springfield, Greene, Missouri.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at Aprox. 11:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): Ralph Thieme Greene County Coroner
22b. ADDRESS: Springfield, Missouri
22c. DATE SIGNED: Aug. 31, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-2-1959
23c. NAME OF CEMETERY OR CREMATORY: East Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri
24. FUNERAL DIRECTOR ADDRESS: Ralph Thieme, 1200 Boonville Ave., Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 8-31-59
26. REGISTRAR'S SIGNATURE: Effie S. Mellon

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 1969

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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