

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041013

FILED VS NOV 23 1959

215

Primary Registration District No. 5783

Registrar's No. 29

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Miller			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lake Ozark			Length of stay in 1b 25 yrs.		c. CITY OR TOWN Lake Ozark		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jessie Middle Lena Last Fry				4. DATE OF DEATH Month October Day 16 Year 1959			
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-13-1909	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Gentry, Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Watson			13b. MOTHER'S MAIDEN NAME Hannah Pilkington			14. NAME OF HUSBAND OR WIFE Lawrence Fry	
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.		17. INFORMANT Address Lawrence Fry, Lake Ozark, 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) ACUTE Circulatory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY Thrombosis DUE TO (c) UNKNOWN							INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. Month, Day, Year							
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 OCT. 27, 1954 to OCT. 16, 1959 and last saw her alive on OCT. 16, 1959 Death occurred at 8:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert E. Mason D.O. (Degree or title)				22b. ADDRESS Lake Ozark, Mo.			22c. DATE SIGNED OCT. 17, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-19-1959	23c. NAME OF CEMETERY OR CREMATORY Eldon Cemetary		23d. LOCATION (City, town, or county) Eldon, Missouri		(State)	
24. FUNERAL DIRECTOR Louis D. Phillips ADDRESS Eldon, Mo			25. DATE RECD. BY LOCAL REG. Nov. 19-1959		26. REGISTRAR'S SIGNATURE Jessie Perkins		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Don E. Phillips, Student Embalmer No. 583
working under my personal supervision.

Student Don E. Phillips
Signature of Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address below

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.