

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015509

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 22

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED

FILED APR 23 1963

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ava</u>		Length of stay in 1b <u>8 yrs</u>	c. CITY OR TOWN <u>Ava</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>William H. Frye</u>			4. DATE OF DEATH <u>April 16, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-3-79</u>	9. AGE (last birthday) <u>84</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and state or country) <u>Aquires, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
--	--	---	---

13a. FATHER'S NAME <u>William T. Frye</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah J. Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Hester Frye</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Hester Frye, Ava, Missouri</u>
---	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>		<u>1 day</u>
DUE TO (b) <u>Cancer of Prostate</u>		<u>1 yr</u>
DUE TO (c) <u>Arteriosclerosis Heart</u>		<u>10 yrs.</u>
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 <u>          </u> Month, Day, Year <u>          </u> a.m. <u>          </u> p.m. <u>          </u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Ava, Mo.</u>	COUNTY <u>          </u> STATE <u>          </u>
21. I attended the deceased from <u>June 10/62</u> to <u>Apr 16, 1963</u> and last saw her/him alive on <u>Apr 16/63</u> Death occurred at <u>9:30 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Box 278 Ava, Mo.</u>	22c. DATE SIGNED <u>Apr 18/63</u>
--	---	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr. 19-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Frye</u>	23d. LOCATION (City, town, or county) (State) <u>Route, Ava, Missouri</u>
--	--------------------------------	---	--

24. FUNERAL DIRECTOR <u>Clinkingbeard Funeral Home, Ava, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Apr. 18-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
---	---	---

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

VS 300 Rev. 4/59	DATE AMENDED
<u>0340</u>	
<u>0340-</u>	
<u>3</u>	
<u>4 0</u>	
<u>5 1</u>	
<u>6</u>	
<u>7 0</u>	
<u>8 0</u>	
<u>9/200H</u>	
<u>10</u>	
<u>11</u>	
<u>12 90-2</u>	
<u>13 1-0</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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

*Charles R. Fisk*

Licensed Embalmer No.

*4662*

P. O. Address

*Ava 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.