

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016886

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 33

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL OSAGE TWP</u>		Length of stay in 1b <u>6 years</u>	c. CITY OR TOWN <u>GRAVOIS MILLS</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 miles S.E. Gravois Mills, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Highway 5-20 South</u>
3. NAME OF DECEASED (Type or print) First <u>KERMIT</u> Middle <u>H.</u> Last <u>FRY</u>			4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>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>Aug. 28, 1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Union Stichter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Backing House</u>	11. BIRTHPLACE (City and state or country) <u>Irwin, Mo.</u>
13a. FATHER'S NAME <u>Lewis Fry</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Luxford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes U.S.A.</u>		17. INFORMANT <u>Betty Fry</u> Address <u>Gravois Mills, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
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) <u>Pulmonary Emphysema</u>			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 <u>3-1958</u> to <u>4-21-63</u> and last saw him alive on <u>4-21-63</u> Death occurred at <u>5 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lay Tyle, M.D.</u> (Degree or title)		22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>4-23-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 24, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. PATRICK'S CEMETERY</u>	
24. FUNERAL DIRECTOR <u>SCRIVNER-STEINER</u>		23d. LOCATION (City, town, or county) (State) <u>Morgan County, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>4/26/63</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

MAY 2 1963

MAY 3 1963

JUN 14 1963

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 James R. Scribner

Licensed Embalmer No. 4880

P. O. Address Vermillion, 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.