

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

0051

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH <u>609 - W Cleveland</u> a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Monett Mo 0051</u>		d. STREET ADDRESS (If rural, give location) <u>609-W-Cleveland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>LA-FAYETTE</u> c. (Last) <u>FLY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1952</u>			
5. SEX <u>M:O</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5 1903</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman Merchants</u>		11. BIRTHPLACE (State or foreign country) <u>Purdy Barry Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Fly</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Fly</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) _____		16. SOCIAL SECURITY NO. <u>491-01-6008</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Fly</u>		ADDRESS <u>Monett Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carbon Monoxide poisoning</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Monett Barry Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 5, 1952 5:30pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Carbon Monoxide poisoning while charging oil in car in closed garage</u>			
22. I hereby certify that I attended the deceased from <u>Jan 5</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on <u>Jan 5</u> , 19 <u>52</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul D. Hendist</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Cassville Mo</u>		23c. DATE SIGNED <u>1-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>1-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Yellow</u>		24d. LOCATION (City, town, or county) (State) <u>Monett Lawrence Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-17-1952</u>		REGISTRAR'S SIGNATURE <u>Charles R. Warming</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Buchanan</u>		ADDRESS <u>Monett Mo</u>	

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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
Student Embalmer

Signed J. D. Buchanan
Licensed Embalmer No. 3179

P. O. Address Monte Vista

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 this body is not embalmed, fact should be so stated above.