

FILED DEC 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35901

0050

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

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5058 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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</u>	d. STREET ADDRESS (If rural, give location) <u>at 58</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Rural</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Minnie</u> b. (Middle) <u>B.</u> c. (Last) <u>Fly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1 - 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 27 - 1875</u>
9. AGE (In years last birthday) <u>80</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jenkins Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12a. FATHER'S NAME <u>George Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Carney</u>	14. NAME OF HUSBAND OR WIFE <u>John Fly (deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jack Fly, Monett Mo.</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerotic heart disease</u> 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. <u>4300</u>	
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-10</u> , 19 <u>55</u> , to <u>Dec 1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 1</u> , 19 <u>55</u> , and that death occurred at <u>6:35 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank H. New MD</u> (Degree or title)?		23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>12-3-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3 - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Purdy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Purdy Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 6 - 55</u>	REGISTRAR'S SIGNATURE <u>Mrs. P.N. Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett - Wermington</u> ADDRESS <u>Monett Mo</u>	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1255-372

DATE REC. 12-12-55

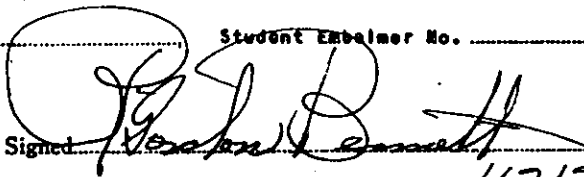
STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student
Student Embalmer

Signed



Student Embalmer No. _____

Licensed Embalmer No. 4218

P. O. Address Monett, Missouri

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.