

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

STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1956

State File No. **14119**

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5831 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural; Berwick Tns.</u>		c. LENGTH OF STAY (in this place) <u>3 Mos.</u>	c. CITY OR TOWN <u>Shell Knob</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pierce City, Mo. RED #2</u>		f. STREET ADDRESS (If rural, give location) <u>RD 501</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Fly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> : <u>1</u> : <u>1956</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-24-1876</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>	IF UNDER 12 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Barry County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>William A. Fly</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Hale</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Fly</u>	
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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. <u>486-05-8919</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Geister, Pierce City, Mo</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemic pneumonia toxic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of kidney</u> 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 <u>180x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 Mar 14, 1956, to May 1, 1956, that I last saw the deceased alive on Mar 28, 1956 and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Rowley MD</u>		23b. ADDRESS <u>Monett, Mo</u>		23c. DATE SIGNED <u>May 3, 56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-3-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Purdy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Furdy Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 9, 56</u>		REGISTRAR'S SIGNATURE <u>M. B. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mercer Funeral Home, Monett, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Reuster
District File Number 556-73
Date Filed MAY 10 1958

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 Roy A. Merer

Licensed Embalmer No. 443

P. O. Address Monett

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.