

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25006
Registrar's No. 322

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128

1. PLACE OF DEATH
a. COUNTY Sherman
b. CITY OR TOWN Eminence Mo
c. LENGTH OF STAY (in this place) 5
d. FULL NAME OF HOSPITAL OR INSTITUTION No.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri b. COUNTY Sherman
c. CITY OR TOWN Eminence Mo
d. Is residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 1010

3. NAME OF DECEASED
a. (First) Nate b. (Middle) Elizabeth c. (Last) Fry
4. DATE OF DEATH (Month) (Day) (Year) June 20-1955

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct 11-1871 9. AGE (In years) (Month) (Day) (Year) (Hours) (Min.) 83

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Accountant 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH PLACE (City and State or Foreign Country) Sherman Co Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Paul Jones 13b. MOTHER'S MAIDEN NAME Susan Chilton J. Fry 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. No. 17. INFORMANT'S SIGNATURE OR NAME Paul Fry ADDRESS Eminence Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal syndrome
ANTECEDENT CAUSES
DUE TO (b) Arteriosclerosis
DUE TO (c) & Diabetes Mellitus
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Heart

19a. DATE OF OPERATION 4-4-54 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) (Min.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17-1952 to JUNE 20, 1955, that I last saw the deceased alive on 6-11-1955, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. F. Wilson D.O. 23b. ADDRESS Eminence Mo 23c. DATE SIGNED 7-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 21-55 24c. NAME OF CEMETERY OR CREMATORY Munsel Chapel 24d. LOCATION (City, town, or county) (State) Eminence Mo

DATE REC'D BY LOCAL REG. 7-18-55 REGISTRAR'S SIGNATURE Mabel G. ... 447- FURNERAL DIRECTOR'S SIGNATURE Laurence Funeral Home ADDRESS St. Louis Mo

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

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 *John F. Surca*.....

Licensed Embalmer No. *251*.....

P. O. Address *W. F. Surca*.....

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.