

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0038892  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 6128 Registrar's No. 243

SEE FILED 28 64

0038892

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
1 <u>1010</u>						
2 <u>1010</u>						
3 <u>2</u>						
4 <u>1</u>						
5 <u>1</u>						
6 <u>0</u>						
7 <u>0</u>						
8 <u>2</u>						
9 <u>7220</u>	SHOULD READ	ITEM NO.				
10						
11						
12 <u>90-2</u>						
13 <u>1-0</u>						

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Eminence</u>		c. CITY OR TOWN <u>Eminence</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Home</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jena</u> Middle <u>Wave</u> Last <u>Fry</u>		4. DATE OF DEATH Month <u>September</u> Day <u>20</u> Year <u>1964</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>7/16/99</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. 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>Eminence, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Frank B. Soltin</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Weese</u>	
14. NAME OF HUSBAND OR WIFE <u>George J. Fry</u>		Address	
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>none</u>	
17. INFORMANT <u>George J. Fry</u>		Address <u>Eminence, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>			
DUE TO (c) <u>Rheumatoid Arthritis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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>August 2, 1962</u> to <u>Sept 29, 1964</u> and last saw her alive on <u>6-3-64</u>		Death occurred at <u>5 1</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>J. H. Bauman D.O.</u> (Degree or title)		22b. ADDRESS <u>Birch Tree, Mo</u>	22c. DATE SIGNED <u>9-23-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8/22/64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Eminence</u>	23d. LOCATION (City, town, or county) (State) <u>Eminence, Missouri</u>
24. FUNERAL DIRECTOR <u>Uncan Funeral Home Mtn. View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9. 2. 1964</u>	26. REGISTRAR'S SIGNATURE <u>Mable Goss</u>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 30 1964

*Bevrat Permit attached*

**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 *Charles G. Portman*

Licensed Embalmer No. 5107

P. O. Address *Mtn View, 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.