

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035366  
STATE FILE NUMBER

FILED OCT 17 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 220

S. 300  
v. 1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Lawrence R. Spivey

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Mineola Mo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain County</b>		Length of stay in lb <b>2 da</b>	d. STREET ADDRESS (If outside, give location) <b>None</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charlie Landon Fry</b>			4. DATE OF DEATH Month Day Year <b>Oct 13th 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-8-1890</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Montgomery County Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>John Fry</b>	13b. MOTHER'S MAIDEN NAME <b>Ida White</b>
14. NAME OF HUSBAND OR WIFE <b>Ella Fry</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>489-42-9389</b>
17. INFORMANT <b>Mrs Ella Fry</b>		Address <b>Mineola Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pulmonary Emphysema</b>			<b>years</b>
DUE TO (c) <b>Asthma</b>			<b>241X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <b>10-11-58</b> to <b>10-13-58</b> and last saw him alive on <b>10-13-58</b> Death occurred at <b>5:40 AM 10-13-58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Lawrence R. Spivey MD</b>		(Degree or title)	22b. ADDRESS <b>Mexico Mo</b>
22c. DATE SIGNED <b>10-14-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-15-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>High Point Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>5 miles west Montgomery Mo</b>
24. FUNERAL DIRECTOR <b>C. W. Nafziger</b>		ADDRESS <b>Montgomery City Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 14-1958</b>
26. REGISTRAR'S SIGNATURE <b>Branchee Neely</b>			

NOV 25 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, ~~only~~ on...the...13...th...day...of...Oct...1958....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *C. W. Hopkins* .....  
C. W. Hopkins

Licensed Embalmer No. I487  
Montgomery City Mo  
P. O. Address .....

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.