MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 5 8050945 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED — DEFILED 21 64

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0550		
2	04/70		1
3			
4	0		
5	1		
6			
7	0		
8	0		
9	4/201		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Ste. Genevieve
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ste. Genevieve
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ½ mile N.E. of limits
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Iron
c. CITY OR TOWN: Belleview
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 6 mi. west of Belleview
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First VIRGIL Middle RONIE Last FRYMAN

4. DATE OF DEATH: Month December Day 14 Year 1964

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3/14/1907

9. AGE (last birthday): 57

IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Missouri-Pacific

11. BIRTHPLACE (City and state or country): Madison County, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charlie Fryman

13b. MOTHER'S MAIDEN NAME: Lucille Hargis

14. NAME OF HUSBAND OR WIFE: Eunice Harbison Fryman

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.

17. INFORMANT Address: W. R. Fryman, Potosi, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis Hardening
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c): _____
INTERVAL BETWEEN ONSET AND DEATH: _____

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Oct 17, 1964 to Dec 14/64 and last saw him alive on Dec 12, 1964
Death occurred at 12.45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. R. Fryman MD

22b. ADDRESS: Potosi Mo

22c. DATE SIGNED: 12/16/64

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 12/16/1964

23c. NAME OF CEMETERY OR CREMATORY: Harbison Cemetery

23d. LOCATION (City, town, or county) (State): Goodland, Missouri

24. FUNERAL DIRECTOR ADDRESS: White Funeral Home, Ironton, Mo.
Lyle A. White

25. DATE RECD. BY LOCAL REG.: 18 December 1964

26. REGISTRAR'S SIGNATURE: George F. Woods

(Licensed Embalmer's Statement on Reverse Side)

RECORDED

JAN 25 1965

DEC 23 1964

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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.