

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**65-045250**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 486

**FILED DEC 15 1965**

VS 300  
Rev. 4/59

1 0940

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

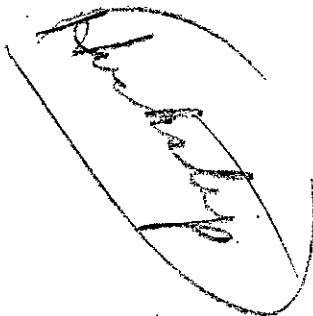
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Twp.</b>		c. CITY OR TOWN <b>Farmington -rural</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway H south</b>		d. STREET ADDRESS (If outside, give location) <b>Highway H south</b>	
3. NAME OF DECEASED (Type or print) <b>Harrison Luther Fryar</b>		4. DATE OF DEATH Month <b>December</b> Day <b>4</b> Year <b>1965</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>9/8/1883</b>
9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad conductor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	
11. BIRTHPLACE (City and state or country) <b>Union City, Ohio</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Milo Fryar</b>		13b. MOTHER'S MAIDEN NAME <b>Viola Crane</b>	
14. NAME OF HUSBAND OR WIFE <b>Luella Riggs</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Harrison Fryar -- wife</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>Arteriosclerotic Heart Dis.</b> DUE TO (b) <b>Senility</b> DUE TO (c) _____ 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		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
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.	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.)
21. I attended the deceased from <b>1962</b> to <b>Dec 4/1965</b> and last saw him alive on <b>Nov 30/1965</b>		Death occurred at <b>8:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>R. A. Huskep M.D.</b>		22b. ADDRESS <b>Farmington Mo</b>	
22c. DATE SIGNED <b>12-6-65</b>		23. LOCATION (City, town, or county) (State) <b>Doe Run Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/7/65</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Doe Run Cemetery</b>	
24. FUNERAL DIRECTOR <b>C.H. Cozean</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 6, 1965</b>	
26. REGISTRAR'S SIGNATURE <b>Etherell</b>		27. ADDRESS <b>Farmington, Mo.</b>	

USE BLACK INK OR TYPEWRITER RIBBON

DEC 17 1965



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 Dennis J. Campbell, Student Embalmer No. 776

working under my personal supervision.

Student Dennis J. Campbell  
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4084

P. O. Address Furman, 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.