

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30873

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 76

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

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>215 N. 2nd Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>215 N. 2nd Street</b>		e. STREET ADDRESS <b>215 N. 2nd Street</b>	

3. NAME OF DECEASED (Type or Print) <b>Billie Jean Frasier</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 29, '50</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 23, 1923</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>27 2 6</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chief Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Ozark Een. Tel. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Festus, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Grieshaber</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Beck</b>	14. NAME OF HUSBAND OR WIFE <b>Donald Frasier</b>
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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>498-16-8153</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Rose Grieshaber</b>	ADDRESS <b>Festus, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease</b> <b>Diabetic Nephritis</b> <b>Pregnancy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hours direct from</b> <b>6 mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 27, 1950, to Sept 29, 1950, that I last saw the deceased alive on Sept 27, 1950, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. Summerford M.D.</b>	23b. ADDRESS <b>Crystal City Mo</b>	23c. DATE SIGNED <b>Sept 29 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 4, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Crystal City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-30-50</b>	REGISTRAR'S SIGNATURE <b>Eleanor Boince</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fink Funeral Parlor</b>	ADDRESS <b>Festus, Mo.</b>
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 10-8-58

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

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed..... Elean Province

Licensed Embalmer No. 3403

P. O. Address Festus, Missouri

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 this body is not embalmed, fact should be so stated above.