

STANDARD CERTIFICATE OF DEATH

1854

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 12

530
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>months</u>		d. STREET ADDRESS (If rural, give location) <u>Not Known</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Car Wreck 3 Mi. South</u>			

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Dudley</u> c. (Last) <u>Fraze</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 30, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>January 25, 1902</u>		9. AGE (In years last birthday) <u>50</u>		10. IF UNDER 1 YEAR (Days) <u>0</u>	
11. BIRTHPLACE (State or foreign country) <u>Breckenridge, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>God Church</u>		11. BIRTHPLACE (State or foreign country) <u>Breckenridge, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Thomas Fraze</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Dennis</u>		14. NAME OF HUSBAND OR WIFE <u>Della Giggins</u>	
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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) <u>not known</u>		16. SOCIAL SECURITY NO. <u>none known</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.F. Fraze, Wentzville, Missouri.</u>	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		a. <u>Crushing injury to lower half chest</u> b. <u>Head injury</u> c. <u>severe accident when his car struck a tree on the road and struck a light pole.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		a. <u>Death was due to hemorrhage & shock</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) <u>Motor car</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1013 Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lexington Lafayette Co. Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 30-1952 8:45 m.</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Motor car he drove struck a pole</u>	
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22. I hereby certify that I attended the deceased from death, 1902, to Jan 30, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 P m. from the causes and on the date stated above.

23a. SIGNATURE <u>W. Martin M.D. Coroner</u>		23b. ADDRESS <u>155 - 1/2</u>		23c. DATE SIGNED <u>1-30-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>January 31, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis, Missouri</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		24e. NAME OF CEMETERY OR CREMATORY <u>St. Louis, Missouri</u>		24f. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6 Feb 1952</u>		REGISTRAR'S SIGNATURE <u>W. Martin M.D. Coroner</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James L. Purcell, Lexington, Missouri</u>	
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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

[Handwritten Signature]

Signed.....

Student Embalmer

Licensed Embalmer No. *2953*

P. O. Address *Levington, Texas*

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.