

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10352

State File No.

MAR 31 1953

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5391 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Central</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
c. LENGTH OF STAY (in this place) <u>4</u> YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Central</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rt. 1-Hillsboro</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1-Hillsboro</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>MARGARET</u>	b. (Middle) <u>N.M.N.</u>	c. (Last) <u>FRASER</u>	(Month) <u>MAR.</u>	(Day) <u>14</u>	(Year) <u>1953</u>
5. SEX <u>F</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>JULY 6-1869</u>	9. AGE (In years last birthday) <u>83</u>	# UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ballater-Scotland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>JOHN GRANT</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>DAVID FRASER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.C. Fraser - Hillsboro, Mo</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with myocardial insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis of coronary arteries</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility with psychosis.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1953, to March 14, 1953, that I last saw the deceased alive on March 11, 1953, and that death occurred at 10:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas A. Sounell M.D.</u>	23b. ADDRESS <u>Desoto Mo.</u>	23c. DATE SIGNED <u>3-16-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>
24d. LOCATION (City, town, or county) (State) <u>Desoto Mo</u>		

DATE REC'D BY LOCAL REG. <u>3-15-53</u>	REGISTRAR'S SIGNATURE <u>Edw. M. Marsden</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mathushead Desoto, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JEFFERSON COUNTY HEALTH DEPT.
DATE RECEIVED
MAR 25 1953

APR 2 1953

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 _____
Student Embalmer.

Signed Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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 this body is not embalmed, fact should be so stated above.