

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24236

State File No. \_\_\_\_\_

FILED JUL 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 66

0251  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u>		0251 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>West 3rd St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>Albert</u>	c. (Last) <u>Fraser</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 18 53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Feb 2-1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>System Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isaac Fraser</u>		13b. MOTHER'S MAIDEN NAME <u>Anna P. Linberger</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>+707-09-7940</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Boyce</u> ADDRESS <u>Cameron</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Urosepsis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Purulent Urinary Cystitis</u> DUE TO (c) <u>Carcinoma Urinary Bladder</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>181x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u> <u>12 da</u> <u>6 mo</u>
19a. DATE OF OPERATION <u>6/29/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Resection (Benign) Carcinoma in Bladder</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, other 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 <u>6-23-1953</u> to <u>7-18-53</u> , that I last saw the deceased alive on <u>7-17-1953</u> and that death occurred at <u>3:40 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wm Fraser</u>			23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>7/20/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborn</u>	24d. LOCATION (City, town, or county) (State) <u>Osborn Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-23-53</u>	REGISTRAR'S SIGNATURE <u>Wmfred W. Moser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer Funeral Home</u> ADDRESS <u>Cameron</u>		

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 *Robert F. Poland*

Licensed Embalmer No. *4777*

P. O. Address *222 W 3rd*

*Cameron 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.