

FILED AUG 4 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 27449

BIRTH NO. REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 25

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Gray Ridge, <i>Richland</i> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gray Ridge Mo. <i>1030</i>	
c. LENGTH OF STAY (in this place) 8 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Richard	c. (Last) Frala	4. DATE OF DEATH (Month) (Day) (Year) July, 23, 1953
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5. SEX Male <i>D</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH June, 15, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Salem Ky.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Edward Frala</i>	13b. MOTHER'S MAIDEN NAME <i>Arleva McDaniel</i>	14. NAME OF HUSBAND OR WIFE <i>Lizzie Frala, Gray Ridge.</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <i>Lizzie Frala</i>	ADDRESS <i>Gray Ridge, Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stroke</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Heart Condition</i> DUE TO (c) <i>Hypertension</i>		
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 <i>443X</i>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *4-7-53*, 1953, to *7-25-53*, 1953, that I last saw the deceased alive on *4-25-53*, 1953, and that death occurred at *4 A. M.* from the causes and on the date stated above.

23a. SIGNATURE <i>J.P. Brinkman M.D.</i>	(Degree or Title)	23b. ADDRESS <i>Casey, Mo.</i>	23c. DATE SIGNED <i>7-26-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>7.25.53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Sikeston, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>July 29, 1953</i>	REGISTRAR'S SIGNATURE <i>Rose Welborn</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Watkins</i>	ADDRESS <i>Funeral Ser. Dexter, Mo.</i>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.