

FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39961

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6964 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Platte</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Platte</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Parkville mo</u>		c. LENGTH OF STAY (in this place) <u>11</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Parkville mo</u>		d. STREET ADDRESS (If rural, give location) <u>R7D 5 Box 300</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 5 Box 300</u>			d. STREET ADDRESS (If rural, give location) <u>R7D 5 Box 300</u>		
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Michael</u> c. (Last) <u>Fraker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug 2 1861</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work showing most of working life, even if retired) <u>Retired Boot Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoes &amp; Boots</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Liberty mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>mo</u>	
13a. FATHER'S NAME <u>James Fraker</u>		13b. MOTHER'S MAIDEN NAME <u>E Honor Johnston</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edd Fraker Parkville mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senescent arteriosclerosis.</u>					
DUE TO (c) <u>senility</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic - and hfr</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500 H</u>			20. AUTOPSY YES <input type="checkbox"/> NO <input 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) (Min.)		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>1946</u> , 19 <u>  </u> , to <u>Dec 2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec</u> , 19 <u>53</u> , and that death occurred at <u>11 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Edmond Thomas</u>			23b. ADDRESS <u>to honor of Dr</u>		23c. DATE SIGNED <u>12-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 6 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 5 - 1953</u>	REGISTRAR'S SIGNATURE <u>Abbia Riggins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leoland G. Francis</u>	ADDRESS <u>Parkville mo</u>	

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

58320

W.D. Sandyman

**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 ~~Doyle~~

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lloyd G. Francis

Licensed Embalmer No. 3451

P. O. Address Barville N.C.

**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.