

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44007**

FILED DEC 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Appleton City,</u>		c. LENGTH OF STAY (In this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Appleton City, rural</u>		0980	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elett Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Johnson City</u>			
3. NAME OF DECEASED (Type or Print) <u>MAGGIE</u>		a. (First) <u>L.</u>		b. (Middle) <u>FRASURE</u>		c. (Last)	
4. DATE OF DEATH (Month) <u>DEC</u> (Day) <u>20</u> (Year) <u>1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec 12, 1892</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____	
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		11. BIRTHPLACE (State or foreign country) <u>Bera Creek Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Garrison</u>		13b. MOTHER'S MAIDEN NAME <u>Lafavor Corbin</u>		14. NAME OF HUSBAND OR WIFE <u>Rollin Frasure</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>Rollin Frasure Appleton City 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral + Spinal metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3-4 mo.</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		170X		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 <u>Nov</u> , 19 <u>53</u> , to <u>Dec 20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 20</u> , 19 <u>53</u> , and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. A. Shepman, M.D.</u>				23b. ADDRESS <u>Appleton City, Mo</u>		23c. DATE SIGNED <u>Dec 20 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 22-53</u>		REGISTRAR'S SIGNATURE <u>Olis Abney 285</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FB Goodrich, Osceola Mo</u>			

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

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 *J. B. Goodrich*

Licensed Embalmer No. *3038*

P. O. Address *Oscoda, Mich.*

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.