

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

454

State File No.

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u>	
c. LENGTH OF STAY (in this place) <u>14 years</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Fraw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>whx</u>		7. MARRIED, NEVER MARRIED, or WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Sep 22-1868</u>		9. AGE (in years last birthday) <u>85</u>		10. IF UNDER 1 YEAR (Month) (Day) (Year) Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Russina Jane Mauldin</u>	
14. NAME OF HUSBAND OR WIFE <u>James P Fraw</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 <u>Monta Fraw as above</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
I. DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u>		INTERVAL BETWEEN ONSET AND DEATH			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES		DUE TO (b) <u>Prolonged recumbency necessitated</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		by <u>Old Rheumatic Carditis</u>			
DUE TO (c) <u>Old Rheumatic Carditis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 July, 1936, to January 6, 1954, that I last saw the deceased alive on January 6, 1954, and that death occurred at 8:40 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A Dee Atterbery D.O.</u>		23b. ADDRESS <u>Camdenton Mo</u>		23c. DATE SIGNED <u>Jan 11-1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedom</u>	
24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson-Woolery</u>		ADDRESS <u>Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Jan-11-1954</u>		REGISTRAR'S SIGNATURE <u>Zilpha Fraw</u>		42-0	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

0150

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

John Buckson Woolverton

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.