

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6185**
Registrar's No. **1812**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Montgomery.	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN Raymond.	
c. LENGTH OF STAY (in this place) 23 Days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital.		e. STREET ADDRESS (If rural, give location) 8120 g	

3. NAME OF DECEASED (Type or Print) a. (First) Horace b. (Middle) Nelson c. (Last) Fraley			4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1954.		
---	--	--	---	--	--

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Jan. 16, 1888.		9. AGE (in years last birthday) 66.		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		Min.	
--------------------	--	-------------------------------	--	---	--	--	--	--	--	----------------------	--	------------------------	--	------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and State or Foreign Country) Montgomery County, Ill.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
---	--	--	--	--	--	---	--	--	--	--	--

13a. FATHER'S NAME George Fraley			13b. MOTHER'S MAIDEN NAME Rachael Manning			14. NAME OF HUSBAND OR WIFE never married.		
---	--	--	--	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 1		17. INFORMANT'S SIGNATURE OR NAME Clara Fraley, Raymond, Illinois.		ADDRESS	
--	--	---------------------------------------	--	---	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis		DUPLICATE OF (b) Post-operative							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)							
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 Sigmoidoscopy - colostomy						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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5703	
---	--	--	--	--	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:22 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leo A Sachar M.D.		23b. ADDRESS 457 N. Kingsbury Way		23c. DATE SIGNED Feb 25, 54	
---	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-25-54		24c. NAME OF CEMETERY OR CREMATORY Raymond City Cemetery		24d. LOCATION (City, town, or county) (State) Raymond, Illinois.	
--	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. FEB 25 1954		REGISTRAR'S SIGNATURE J. Carly Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 26 1957

MAY 21 1957

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No.

P. O. Address *St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**