

FILED FEB 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7938
Registrar's No. 41

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023

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|----------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Lamar</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u> | | c. CITY OR TOWN <u>Lamar City</u> | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>2 Days</u> | | e. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Rest Home</u> | | | |

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|-----------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------|
| 3. NAME OF DECEASED a. (First) <u>QAZIS</u> b. (Middle) <u>H.</u> c. (Last) <u>FRASIER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 16, 1955</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>4-28-1869</u> | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u> | |
| 13a. FATHER'S NAME <u>Caesar Francis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nannie Harris</u> | | 14. NAME OF HUSBAND OR WIFE <u>Arie Francis</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>Arie Francis Lamar City Mo</u> | |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>20 weeks</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart disease</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | |

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| 19a. DATE OF OPERATION <u>No</u> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lamar (Lamar) Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | 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 Feb 14, 1955, to Feb 16, 1955, that I last saw the deceased alive on Feb 16, 1955, and that death occurred at 6:40 A. m., from the causes and on the date stated above.

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|------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------|
| 23a. SIGNATURE <u>S. B. Hughes, M.D.</u> | | 23b. ADDRESS <u>Clinton Mo</u> | | 23c. DATE SIGNED <u>2/16/55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-18-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lamar City</u> | 24d. LOCATION (City, town, or county) (State) <u>Lamar City Mo</u> | |
| DATE REC'D BY LOCAL REG <u>Feb-16-55</u> | REGISTRAR'S SIGNATURE <u>Florence Oldaver</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Madison Funeral Home Assoc. Mo</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *J.B. Goodrich*.....

Licensed Embalmer No. *3020*.....

P. O. Address *Louise 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.