

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14998**

FILED MAY 23 1955

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **152**

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 322 Case St.	
3. NAME OF DECEASED (Type or Print) a. (First) Charlotta Isabel b. (Middle) Frasher c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 13, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14, 1876
9. AGE (In years last birthday) 79		10. MONTHS 0	11. DAYS 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Linn Creek, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Parrish	
13b. MOTHER'S MAIDEN NAME Sarah Hopkins		14. NAME OF HUSBAND OR WIFE Louis Frasher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Louis Frasher Jefferson City, Mo.		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary infarct, Bilateral		INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pulmonary emboli.		DUE TO (b) Venous thrombosis 1 yr.	
DUE TO (c) Femoral ht. infection venacut		DUE TO (d) Post operative cystectomy 1 year.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma bladder			
19a. DATE OF OPERATION 5-5-55		19b. MAJOR FINDINGS OF OPERATION Transitional Cell Carcinoma Bladder 181X	
20. AUTOPSY? YES <input checked="" 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) (Minute)		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 4-26- 19 55 to 5-13- 19 55 , that I last saw the deceased alive on 5-13- 19 55 , and that death occurred at 8:45p m., from the causes and on the date stated above.			
23a. SIGNATURE Rendell A. Clark, M.D.		23b. ADDRESS Jefferson City, MO	
23c. DATE SIGNED 5-16-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE May 16, 1955		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Victor Breschu	
25. ADDRESS Jefferson City, Mo.		DATE REC'D BY LOCAL REG. May 18-1955	
REGISTRAR'S SIGNATURE R. P. Davis		25. ADDRESS Jefferson City, Mo.	

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 Aclo Busche

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.