

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16355**

FILED JUN 13 1956

2218

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN Parkville, Mo d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 2 days		e. STREET ADDRESS (If rural, give location) R.F.D. #5 40 X R.S.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) VERA b. (Middle) LORENE c. (Last) FRASER			4. DATE OF DEATH (Month) (Day) (Year) MAY 21 1956		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-11-1883	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Buchanan, Mich.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME E.E. Glidden			
13b. MOTHER'S MAIDEN NAME CORINE SPENER		14. NAME OF HUSBAND OR WIFE DRAYTON FRASER			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DRAYTON FRASER, Parkville, R.S. MO	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mediastinal Carcinoma			INTERVAL BETWEEN ONSET AND DEATH 10 mos.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			164X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 **Aug 3, 1955** to **May 21, 1956**, that I last saw the deceased alive on **May 21, 1956**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. Raymond Hall, D.O.		23b. ADDRESS 926 E. 11th St. Kansas City		23c. DATE SIGNED 5/22/56	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 5-24-1956		24c. NAME OF CEMETERY OR CREMATORY EAST Slope Cem	
24d. LOCATION (City, town, or county) (State) Platte Co. Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER'S No. K.C. 16 Mo.			
DATE REC'D BY LOCAL REG. 5-23-56		REGISTRAR'S SIGNATURE Neva Marshall			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. Raymond Hall

11-1-11

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 *Blum H. Hill*.....

Licensed Embalmer No. 458

P. O. Address K.C. 16.

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.