

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21558**

FILED JUL 13 1956

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 189			
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Schuylers					
b. CITY OR TOWN Moberly		c. LENGTH OF STAY (If this place) 7 days		c. CITY OR TOWN Queen City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Railroad Hosp				e. STREET ADDRESS (If rural, give location) 0981					
3. NAME OF DECEASED (Type or Print) a. (First) DONALD			b. (Middle) -		c. (Last) FRASER		4. DATE OF DEATH (Month) (Day) (Year) 6 28 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-22-1878		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Nigg, Scotland		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Thomas Fraser			13b. MOTHER'S MAIDEN NAME Annie Holm			14. NAME OF HUSBAND OR WIFE Birdie Fraser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If you give war or dates of service) 703-01-2588		17. INFORMANT'S SIGNATURE OR NAME Mrs Woodrow Jeffries				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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH Immediate	
		ANTECEDENT CAUSES DUE TO (b) Coronary Sclerosis Years							
		DUE TO (c) Generalized Arteriosclerosis Years							
		II. OTHER SIGNIFICANT CONDITIONS Prostatectomy Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION Unknown		19b. MAJOR FINDINGS OF OPERATION Prostatectomy (Not at this hospital)						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) 4201		(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 June 21, 1956 , to June 28, 1956 , that I last saw the deceased live on June 27, 1956 , and that death occurred at 12:50 Am. , from the causes and on the date stated above.									
22a. SIGNATURE W. Anderson M.D. (In case of title) _____				23b. ADDRESS Wabash Employees' Hospital Moberly, Mo.				23c. DATE SIGNED 7/3/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 1 '56		24c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery		24d. LOCATION (City, town, or county) Queen City Missouri		(State) _____	
DATE REC'D BY LOCAL REG. 7-1-56		REGISTRAR'S SIGNATURE Leachlow		25. FUNERAL DIRECTOR'S SIGNATURE Dooley		ADDRESS Funeral Home Queen City Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 13 1958

REC'D OF DEPT
SEP 30 1958

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.....
R. M. Carter

Licensed Embalmer No. *411*

P. O. Address *Proberly*

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.