

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40994

STATE FILE NUMBER

FILED DEC 27 1956

Registration District No. 96

Primary Registration District No. 6290

Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Dallas			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South Benton Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Buffalo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mile So. of Buffalo		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 6 mile So. of Buffalo		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bennie Middle C. Last FRAKER			4. DATE OF DEATH Month Dec. Day 18, Year 1956		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 8, 1902	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 1 Days 10 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Shell oil Co.	11. BIRTHPLACE (City and state or country) Dallas County, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Brownlow Fraker			14. MOTHER'S MAIDEN NAME Lella Jones		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. ?	17. INFORMANT Wilma Fraker Address Buffalo, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gun shot wound (accident)					INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					E919.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 43					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) while hunting		
20c. TIME OF INJURY Hour _____ a. m. _____ Month, Day, Year Dec. 18, 56					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) FARM	20f. CITY, TOWN, OR LOCATION 6 mile So. of Buffalo, Dallas, MO.		STATE MO.
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) B. Jones			22b. ADDRESS Buffalo, Missouri		22c. DATE SIGNED 12-19-56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-21-56	23c. NAME OF CEMETERY OR CREMATORY FRAKER Cemetery		23d. LOCATION (City, town, or county) (State) South of Buffalo, MO.
24. FUNERAL DIRECTOR L.B. Jones Fun Home		ADDRESS Buffalo, MO.		25. DATE RECD. BY LOCAL REG. 12/23/56	26. REGISTRAR'S SIGNATURE Mrs. Grace Petree

(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms will be listed. All

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lenaud G. Jones*
Licensed Embalmer No. 75

P. O. Address *Buffalo*

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.