

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014012

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 10

300  
1-57  
61  
0

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>West Plains</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>West Plains 0466</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Christa Hogan</u>		Length of stay in 1b <u>4 Y 5</u>	d. STREET ADDRESS (If outside, give location) <u>322 W. Walter</u>
3. NAME OF DECEASED (Type or print) First <u>Nellie</u> Middle <u>Fragier</u> Last <u>Fragier</u>			4. DATE OF DEATH Month <u>4</u> Day <u>19</u> Year <u>58</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2/27/1884</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years less birth day) <u>74</u>
10a. FATHER'S NAME <u>Geo. Patricia</u>		10b. MOTHER'S MAIDEN NAME <u>Amanda Patten</u>	9d. FUNDER 1 YEAR Months <u>7</u> Days <u>22</u> Hours <u></u> Min. <u></u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u></u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. NAME OF HUSBAND OR WIFE <u>Delroy Fragier, Dora Mo</u>			14. NAME OF HUSBAND OR WIFE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gastric Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Hypertension.</u> <u>Arteritis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9 Jan 1958</u> to <u>19 Apr 1958</u> and last saw <u>her</u> alive on <u>19 Apr 1958</u> Death occurred at <u>11:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>West Plains, Mo.</u>	22c. DATE SIGNED <u>APR 25 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4/22-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fragier</u>	23d. LOCATION (City, town, or county) (State) <u>Dora Mo</u>
24. FUNERAL DIRECTOR <u>Liberthons West Plains</u>		25. DATE RECD. BY LOCAL REG. <u>4-29-58</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>

MAY 16 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 *A. A. Roberts*

Licensed Embalmer No. *343*

P. O. Address *West Hill*

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.