

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014831

STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Napoleon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Goodlee Rest Home			Length of stay in lb 15 Mo.		d. STREET ADDRESS (If outside, give location) 2 miles off Hwy. 24		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last DANIEL J. FRASHER				4. DATE OF DEATH Month Day Year April 19, 1958					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 10, 1873		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Browns Station, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William Frasher				14. MOTHER'S MAIDEN NAME Lucinda Pickenpaw					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No NO		16. SOCIAL SECURITY NO. none.		17. INFORMANT Tom Frasher		Address Wellington, 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) Acute myocardial Degeneration & Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute Cerebral Hemorrhage. DUE TO (c) Chronic Hypertension - Post-operative. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs. 4 days 15 months.	
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 a. m. Month, Day, Year p. m.									
20d. INJURY OCCURRED WHILE AT WORK <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 Jan 17, 1958 to April 19, 1958 and last saw her him alive on April 17, 1958 Death occurred at 1:50 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. C. Sheppard				(Degree or title) 2		22b. ADDRESS Lexington Mo.		22c. DATE SIGNED April 21, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 22, 1958		23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery		23d. LOCATION (City, town, or county) (State) Buckner, Missouri			
24. FUNERAL DIRECTOR J. C. Sheppard Wellington, Mo.				25. DATE RECD. BY LOCAL REG. 4-23-58		26. REGISTRAR'S SIGNATURE Maura Ental			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Ch. Baltham
Tex. No.

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 John Clair Sheppard

Licensed Embalmer No. 417

P. O. Address Willington, N.C.

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.