

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006273

FILED VS FEB 23 1960

199

Registration District No. 1002 Registrar's No. 721

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 52 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8006 Lydia			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8006 Lydia		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Shirley A. Middle Fraleay Last Fraleay				4. DATE OF DEATH Month February Day 8 Year 1960					
5. SEX Male		6. COLOR OR RACE Cauc.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH AGE (last birthday) MAY 30, 1907 58		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER			10b. KIND OF BUSINESS OR INDUSTRY Fish Company		11. BIRTHPLACE (City and state or country) Collins, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME Edward Fraley			13b. MOTHER'S MAIDEN NAME Armadie Gibson			14. NAME OF HUSBAND OR WIFE Lola Fraley			
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. 496-01-7930		17. INFORMANT Address MRS. Lola Fraley 8006 Lydia				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular of the Liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Coronary of the Liver DUE TO (c) Chronic Alcoholism								INTERVAL BETWEEN ONSET AND DEATH 3 wks - 2 yrs 70 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year							
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 Dec 14-59 to Feb 5-60 and last saw him alive on Feb 5-60 Death occurred at 6:34 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Donald R. Collins M.D.				22b. ADDRESS 8210 Parco				22c. DATE SIGNED Feb 8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 10, 1960		23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		23d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri			
24. FUNERAL DIRECTOR ADDRESS Muehlebach 6800 TRUST				25. DATE RECD. BY LOCAL REG. 2-8-60		26. REGISTRAR'S SIGNATURE Neve Trinstally			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Donald R. Collins

Dr. Callis
F212 Passes.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. Ind.

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.