URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-039434

STATE FILE NUMBER

ILED VS NOV 9 1960
ENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 426

1. PLACE OF DEATH
a. COUNTY St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre
Length of stay in 1b: 58 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 226 Stone St
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY St Francois
c. CITY OR TOWN Bonne Terre
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 226 Stone St
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Thomas Middle: Lester Last: Fraser
4. DATE OF DEATH Month Day Year: Nov 2, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-22-1902
9. AGE (last birthday): 57
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (City and state or country): Bonne Terre, Mo
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: Thomas P. Fraser
13b. MOTHER'S MAIDEN NAME: Crena L. Latimer
14. NAME OF HUSBAND OR WIFE: - - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: John M Fraser, Address: Bonne Terre, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Presumed to be natural causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Investigated by Berl Miller, Coroner of St. Francois County, Missouri.)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

Undetermined
No Inquest

21. I attended the deceased from ____ to ____ and last saw her/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) Esther Rudloff, St. Francois Co. Local Registrar
22b. ADDRESS Realty Bldg., Farmington, Mo.
22c. DATE SIGNED 11-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov 4 1960
23c. NAME OF CEMETERY OR CREMATORY: Bonne Terre
23d. LOCATION (City, town, or county) (State): Bonne Terre Mo.

24. FUNERAL DIRECTOR: C. Z. Boyer & Son, Inc.
ADDRESS: Bonne Terre, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 4, 1960
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed B. T. Boyer
Signature of Student Embalmer

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.