

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5876

741
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>73</u>											
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>													
b. CITY OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Bonne Terre</u>		0941											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>314 Pite St.</u>													
3. NAME OF DECEASED (Type or Print) <u>CANDACE ELAINE FRASER</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1950</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 28, 1945</u>		9. AGE (In years last birthday) <u>4</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>4</u>		11. UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTH PLACE (State or foreign country) <u>Bonne Terre Mo</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>							
13a. FATHER'S NAME <u>John M Fraser</u>				13b. MOTHER'S MAIDEN NAME <u>Velma Highly</u>				13c. NAME OF HUSBAND OR WIFE <u>None</u>									
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>				15. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John M. Fraser</u>				ADDRESS <u>Bonne Terre, Mo</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thermal burns.</u>																19 hours	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____																29160	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.												16					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>094</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bonne Terre St. Francois Missouri</u>													
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>March 1 1950 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Clothes ignited from open gas flame.</u>													
22. I hereby certify that I attended the deceased from <u>March 1, 1950</u> , to <u>March 2, 1950</u> , that I last saw the deceased alive on <u>March 2, 1950</u> , and that death occurred at <u>9:15A</u> m., from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <u>Dan W. Taylor, M.D.</u>						23b. ADDRESS <u>Bonne Terre, Missouri</u>				23c. DATE SIGNED <u>3-8-50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkview</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington Mo</u>											
DATE REC'D BY LOCAL REG. <u>Mar. 4, 1950</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bertram Under</u>		ADDRESS <u>Bonne Terre Mo</u>											

RECEIVED

MAR 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350 - 374

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

Student Embalmer

Signed

Clarence J. Claywell

Licensed Embalmer No. 3766

P. O. Address *Boone Grove, Mo.*

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 this body is not embalmed, fact should be so stated above.