

STANDARD CERTIFICATE OF DEATH

State File No. **10868**

FILED MAR 30 1954

BIRTH NO. _____ REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **6094** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY SCHUYLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCHUYLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COATSVILLE		c. CITY OR TOWN COATSVILLE	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 62 YRS		e. STREET ADDRESS (If rural, give location) 0980	
d. FULL NAME OF HOSPITAL OR INSTITUTION L			

3. NAME OF DECEASED (Type or Print)	a. (First) JANIE	b. (Middle) EVANS	c. (Last) FRADY	4. DATE OF DEATH (Month) (Day) (Year) MAR 22, 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV 4, 1892	9. AGE (In years last birthday) Months Days 62 4	10. IF UNDER 1 YEAR Days	11. IF UNDER 24 HRS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY L	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jerry Evans	13b. MOTHER'S MAIDEN NAME Jane White	14. NAME OF HUSBAND OR WIFE Eugene E. Frady
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Eugene E. Frady	ADDRESS Coatsville, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 14, 1954**, to **March 22, 1954**, that I last saw the deceased alive on **March 14, 1954**, and that death occurred at **7-12 P m.**, from the causes and on the date stated above.

23a. SIGNATURE W.R. Stoker, Jr. (Degree or title) 2	23b. ADDRESS Lancaster, Mo.	23c. DATE SIGNED March 23, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 24, 54	24c. NAME OF CEMETERY OR CREMATORY Coatsville Cem	24d. LOCATION (City, town, or county) (State) Coatsville, Missouri
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DATE REC'D BY LOCAL REG. Mar 23 1954	REGISTRAR'S SIGNATURE W.R. Stoker, Jr.	25. FUNERAL DIRECTOR'S SIGNATURE Eugene R. Head	ADDRESS Lancaster, Mo
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
980
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

APR 6

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 *Everett R. Head*.....

Licensed Embalmer No. *403*.....

P. O. Address *Lancaster,*.....

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.