

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **559X** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) JOACHIM TOWNSHIP		c. LENGTH OF STAY (in this place) 200	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF (If not in hospital or institution, give street address or location) MT. VIEW NURSING HOME		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 934 CANAAN AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) TRUMAN	b. (Middle) FRAZER	c. (Last) PARIS	4. DATE OF DEATH (Month) (Day) (Year) JAN. 28, 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY 12, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISABLE VETERAN		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years less birthday) (If under 1 year: Months) (If under 12 mos.: Days) (If under 24 hrs.: Hours) (If under 60 min.: Min.) 59
		11. BIRTHPLACE (City and State or Foreign Country) SCOTT COUNTY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME COLUMBUS PARKS	13b. MOTHER'S MAIDEN NAME TENNESSEE TOTT	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES UNKNOWN	16. SOCIAL SECURITY NO. 496-18-8031	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. CHAS. FOLK, 934 CANAAN, ST. LOUIS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate w. metastases		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart disease 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) 177X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Jan. 19, 1956**, to **Jan. 24, 1956**, that I last saw the deceased alive on **Jan. 24, 1956**, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR Gertrude Dolgos, M.D.	(Degree or title)	23b. ADDRESS Festus, Mo.	23c. DATE SIGNED 1/28/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE JAN 30, 1956	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BKS. MO.
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DATE REC'D BY LOCAL REG. 1-28-56	REGISTRAR'S SIGNATURE John G. K... 502	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS James R. Cady, CRYSTAL CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 31 1956

MAR 2 1956

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 *James Richard Cady*
Licensed Embalmer No. *439*
P. O. Address *CRYSTAL C.*

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.