

FILED JUN 11 1956

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Boles</u>		c. CITY OR TOWN <u>Labadie</u>	d. Is 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) <u>6 mo.</u>		e. STREET ADDRESS (If rural, the location) <u>R.R. 1</u> 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Labadie, Mo. R.R. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>B.</u> c. (Last) <u>TRAW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 23, 1901</u>
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <u>Engineer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Richland, Missouri</u>
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Shell Pipe Line</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Jane Young</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian Ethel Traw</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-07-6580</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Ethel Traw, Labadie, Mo</u>

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)		ANTECEDENT CAUSES		
DUE TO (b) <u>Coronary Thrombosis</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, ship, etc.) <u>Shell Pump Station</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Labadie Franklin Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 9, 1956 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Dropped dead</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest L. Ottum</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Harrod, Mo.</u>	23c. DATE SIGNED <u>June 9, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 11, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richland</u>	24d. LOCATION (City, town, or county) (State) <u>Richland Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 9, 1956</u>	REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nieburg & Vittinec Washington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

9961 22 NOV 1956

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....
Jerome F. Lusk

Licensed Embalmer No.

P. O. Address *Wash*

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