

FILED NOV 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34689**

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **182**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give town) Marceline		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Sumner
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS R. F. D. # 1		0580	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA J. b. (Middle) FRAKES c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) October 9, 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH July 24, 1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Chariton Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME Robert Graham		13b. MOTHER'S MAIDEN NAME Sarah Fields		14. NAME OF HUSBAND OR WIFE Ira Frakes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ira Frakes, Sumner, Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple emboli with thrombosis and infarction, pulmonary, mesenteric, at leg.		INTERVAL BETWEEN ONSET AND DEATH 1 wk	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Carcinoma of cervix.		DUE TO (c) Squamous cell carcinoma of cervix with parametrial metastases.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		171X			

19a. DATE OF OPERATION 10-2-56		19b. MAJOR FINDINGS OF OPERATION Carcinoma of cervix with metastatic involvement of uterine adnexa, hypogastric arteries.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from **9-24, 1956**, to **10-9, 1956**, that I last saw the deceased alive on **10-9, 1956**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John R. Dixon M.D.		(Degree or title)		23b. ADDRESS Brookfield Mo	
23c. DATE SIGNED 10-11-56		24a. BURIAL (CREMATION) REMOVAL (Specify) BURIAL		24b. DATE Oct. 12, 1956	
24c. NAME OF CEMETERY OR CREMATORY Laclede Cemetery		24d. LOCATION (City, town, or county) (State) Laclede, Mo.			

DATE REC'D BY LOCAL REG. Oct 12-56		REGISTRAR'S SIGNATURE Brookie Owens		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Harold B Wright*

Licensed Embalmer No. *3718*

P. O. Address *Brookfield, Ill*

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.