

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20117

STATE FILE NUMBER

FILED JUN 17 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 626

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Industrial City 0110	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		d. STREET ADDRESS 2105 Blackwell Road	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES FRASER		4. DATE OF DEATH Month Day Year June 3 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 12, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	9. AGE (In years last birthday) 76
13. FATHER'S NAME Hubbard Fraser		11. BIRTHPLACE (City and state or country) Leavenworth, Kansas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Julia Brunsetter	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Stella Fraser Industrial City	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Kidney Insufficiency 48 h. DUE TO (b) Diabetes Mellitus & Hypertension 2 1/2 h. DUE TO (c) Pneumonia 3 Days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerosis 200X			INTERVAL BETWEEN ONSET AND DEATH 3 Days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1950 to 6/3/57 and last saw him alive on 6/3/57 Death occurred at 12:25A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Scott Benson M.D.		22b. ADDRESS 510 Colby City	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22c. DATE SIGNED 6/6/57	
23b. DATE June 6, 1957		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
23d. LOCATION (City, town, or county) St. Joseph		23e. STATE Missouri	
24. FUNERAL DIRECTOR Namey Funeral Home		25. DATE RECD. BY LOCAL REG. June 11, 1957	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Loathen M. Allison	

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 *George A. Ruff*
Licensed Embalmer No. *117*

P. O. Address *St. Louis*

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.