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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031524
STATE FILE NUMBER

FILED AUG 29 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wyatt Nursing Home 54Yrs. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada, Missouri 1082 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 326 West Walnut St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Edward Middle: Joseph Last: Fraise
4. DATE OF DEATH Month Day Year: August 16-1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: April 7,1885
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 4 Days 10 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Casper Fraise
13b. MOTHER'S MAIDEN NAME: Gertrude Fette
14. NAME OF ~~HUSBAND OR~~ WIFE: Mrs. Gladys Fraise
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Gladys Fraise, Wife, Address 326 W-Walnut St, Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Advanced age
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 16, 58, to Aug 16, 58 and last saw him alive on Aug 16, 1958
Death occurred at 6:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD
22b. ADDRESS Calloway Bldg
22c. DATE SIGNED 8/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-19-1958
23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
23d. LOCATION (City, town, or county) (State): Nevada, Missouri

24. FUNERAL DIRECTOR: Hays Funeral Service, Inc.
ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 8-28-58
26. REGISTRAR'S SIGNATURE: Anna E Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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SEP 4 1958

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 Richard L. Griffin

Licensed Embalmer No. 5053

P. O. Address Atchison, Kan

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.