

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033898

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 314 Primary Registration District No. 6067 Registrar's No. 53

S. 300
1-57

1. PLACE OF DEATH a. COUNTY ST CLAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ST CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPEEDWELL TWP.		c. CITY OR TOWN ELDORADO SPG'S	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If outside, give location) RFD # 4	
3. NAME OF DECEASED (Type or print) First J. Middle W. Last FRALEY		4. DATE OF DEATH Month SEPT. Day 24 Year 58	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-15-1873
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years) 85
11. BIRTHPLACE (City and state or country) ST CLAIR CO MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALBERT FRALEY		13b. MOTHER'S MAIDEN NAME ISABEL WYATT	
14. NAME OF HUSBAND OR WIFE LOTTIE FRALEY		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. NO		17. INFORMANT LOTTIE FRALEY Address NO ELDORADO SPG'S	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Bronchial			INTERVAL BETWEEN ONSET AND DEATH ONE WEEK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Patient was blind for several DUE TO (c) Years.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) None	
20c. TIME OF INJURY Hour a.m. p.m. None		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		20f. CITY, TOWN, OR LOCATION None COUNTY STATE	
21. I attended the deceased from 9-2-58 to 9-20-58 and last saw her/him alive on 029-20-38 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. W. Richardson M.D. (Degree or title)		22b. ADDRESS El Dorado Spg's Mo	
22c. DATE SIGNED 9-26-58		22d. ADDRESS El Dorado Spg's Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-26-58	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) (State) ELDORADO SPG'S MO
24. FUNERAL DIRECTOR NAFUS ELDORADO SPG'S MO		25. DATE RECD. BY LOCAL REG. 9-26-58	26. REGISTRAR'S SIGNATURE Thos. Seewers

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Hugh S. Allen*

Licensed Embalmer No. *2844*

P. O. Address *El Dorado Spg*

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.