Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002102
STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Levering Hospital — Length of stay in Ib: 11/12/58

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R F D # 2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: CLARA Middle: Last: FRAZER

4. DATE OF DEATH Month Day Year: January 7, 1959

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]

8. DATE OF BIRTH: February 24, 1887

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months: 10 Days: 13 — IF UNDER 24 HRS.: 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:

11. BIRTHPLACE (City and state or country): Marion County Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Louis E. Frazer

13b. MOTHER'S MAIDEN NAME: Jennie Ritchie

14. NAME OF HUSBAND OR WIFE:

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.:

17. INFORMANT Address: John Poppe Hannibal Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Subarachnoid Hemorrhage, severe	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic vascular disease	1 year
DUE TO (c)	Cerebral vascular accident	3 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331X

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 12-12-58, to 1-7-59 and last saw her/him alive on 1-7-59. Death occurred at 9:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert J. Canning M.D. (Degree or title)

22b. ADDRESS: 115 N. 5th St. Hannibal, Mo.

22c. DATE SIGNED: 1-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/9/1959

23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

23d. LOCATION (City, town, or county) (State): Palmyra Missouri

24. FUNERAL DIRECTOR ADDRESS: E. Crawford Smith Hannibal Missouri

25. DATE RECD. BY LOCAL REG.: 1/13/59

26. REGISTRAR'S SIGNATURE: Dr E M Lucke By H C Fisher

(Licensed Embalmer's Statement on Reverse Side)

Death, birth, stillbirth, fetal death, marriage, divorce, annulment, dissolution of marriage and induced termination of pregnancy must be reported within 10 days. All diseases in Part I must be causally related.

RECEIVED JAN 2 6 1959
MARION CO. HEALTH DEPT.
DATE FILED _____

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 .....

Licensed Embalmer No. 4540

P. O. Address Hannibal, Missouri

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.