

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014061

FILED VS MAY 11 1960

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 172

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax	Length of stay in 1b 13 yrs.	c. CITY OR TOWN Fairfax	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DONALD Middle ARCHIBALD Last FRASER			4. DATE OF DEATH Month April Day 30 Year 1960			
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 5/1/1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher		10b. KIND OF BUSINESS OR INDUSTRY High school prin.	11. BIRTHPLACE (City and state or country) Crawfordsville Ind. U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME John Robert Fraser	13b. MOTHER'S MAIDEN NAME Lila Morris	14. NAME OF HUSBAND OR WIFE Eula Fraser
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. 476-22-7513	17. INFORMANT Address Mrs. Eula Fraser Fairfax Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SOECK'S Sarcoid, pulmonary		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m.		

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.)	20f. CITY, TOWN, OR LOCATION Fairfax	COUNTY Missouri	STATE MO.
21. I attended the deceased from 9/6/55 to 4/30/60 and last saw him alive on 4/30/60 Death occurred 8:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Diedermeier, M.D. (Degree or title)		22b. ADDRESS Fairfax Mo.	22c. DATE SIGNED 5/2/60
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 5/2/1960	23c. NAME OF CEMETERY Pleasant Ridge	23d. LOCATION (City, town, or county) Fairfax Missouri
24. FUNERAL DIRECTOR Schooler Funeral Home Fairfax Mo.		25. DATE RECD. BY LOCAL REG. 5/9/60	26. REGISTRAR'S SIGNATURE Marion N. Spalding <i>for</i> Mabel A. Spalding Reg. Reg.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 18

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 Marvin N. Schuler

Licensed Embalmer No. 4162
P. O. Address Fairfax Va

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.