

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7104

7104

BIRTH NO. _____		REG. DIST. NO. <u>335</u>		PRIMARY REG. DIST. NO. <u>4118</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> <u>100</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sylvania</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sylvania Twpshp</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1 Painton Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Leona</u>				a. (First) <u>Frazier</u>		b. (Middle)			
c. (Last)				4. DATE OF DEATH <u>February 23 1949</u>		5. SEX <u>Female</u>			
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 29 1900</u>		9. AGE (In years last birthday) <u>48</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Green County Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Tom Kingston</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Doc Frazier</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Doc Frazier</u> ADDRESS <u>Painton Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cor. R. v. Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/42x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Nov. 3, 1947</u> , to <u>Jan. 10, 1949</u> , that I last saw the deceased alive on <u>Jan. 10, 1949</u> , and that death occurred at <u>6:15 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James C. McClure M.D.</u>				23b. ADDRESS <u>Sibeston, Mo.</u>		23c. DATE SIGNED <u>2/24/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 1 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Morley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Merley Scott County Mo.</u>			
DATE RECD BY LOCAL REG. <u>3/3/49</u>		REGISTRAR'S SIGNATURE <u>W. B. MacCarty</u> <u>298</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Earl J. Smith Draw Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No.

District File Number 349-

Date Filed 3-14-

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 .....  
Student Embalmer

Signed

*Earl J. Smith*

Licensed Embalmer No. 2676

P. O. Address Crown Me

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 this body is not embalmed, fact should be so stated above.