

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12978**

FILED MAY 10 1949

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u>	c. LENGTH OF STAY (In this place) <u>8 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>John A. Lewis</u>		d. STREET ADDRESS (If rural, give location) <u>N. Cedar</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>	b. (Middle) <u>LEWIS</u>	c. (Last) <u>FRAIZER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 - 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 29 - 1881</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>67 3 24</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Grand Pass Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Isaac Fraizer</u>	13b. MOTHER'S MAIDEN NAME <u>Joann Hogg</u>	14. NAME OF HUSBAND OR WIFE <u>Elva Bell (H. K. Hall) Fraizer</u>
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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>499-10-5427</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elva King Independence Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Specify) <u>Cancer of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12/15/48</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>2/14/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Chromane of Prostate</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/15, 1948, to 4/23, 1949, that I last saw the deceased alive on 4/23, 1949 and that death occurred at 4:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Jones Jr</u>	23b. ADDRESS <u>Waverly</u>	23c. DATE SIGNED <u>4/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>miami</u>	24d. LOCATION (City, town, or county) (State) <u>miami Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-25-1949</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry E. Hershberger Marshall, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 5-9-49

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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, Mo.

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.