

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38332**

FILED DEC 12 1949  
BIRTH NO. **82319-49** REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **4433** Registrar's No. **96**

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

1. PLACE OF DEATH a. COUNTY <b>Putnam</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>86</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Unionville</b>	c. LENGTH OF STAY (If in this place) <b>2 1/2</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Unionville Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Monroe Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>17</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUSSELL</b>	b. (Middle) <b>DEAN</b>	c. (Last) <b>FRAZIER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 29 1949</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>U</b>	8. DATE OF BIRTH <b>Oct 27, 1949</b>
9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 11 HRS. Days <b>2</b> Hours <b>15</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Unionville Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>HARRY LEONARD FRAZIER</b>	13b. MOTHER'S MAIDEN NAME <b>EULIVE FRAZIER</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Harry Frazier</b>	ADDRESS <b>Pollock</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>76/5</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pregnancy</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>placenta previa</b>		
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	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 **Oct 27 1949**, to **Oct 29 1949**, that I last saw the deceased alive on **Oct 29 1949**, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. L. Judd, D.O.</b>	23b. ADDRESS <b>Unionville, Mo</b>	23c. DATE SIGNED <b>10/29/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/30/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Pollock Mo</b>
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DATE REC'D BY LOCAL REG. <b>12-3-49</b>	REGISTRAR'S SIGNATURE <b>Marvell Dumb</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Schoen</b>	ADDRESS <b>Michell - 116</b>
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RECEIVED DEC 8 1949  
District Health Officer No. 10  
District File Number 12-49-205  
~~Date Filed~~ DEC 8 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, ~~or~~ by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Daright Schaeve

Licensed Embalmer No. 2667

P. O. Address Milan, 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.