

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 570

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3291 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF, Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>State IOOF, Home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) _____ c. (Last) <u>Fraze</u>	
4. DATE OF DEATH <u>Jan 25 1950</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 22-1876</u>		9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u>3</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>Jephtha Pierson</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Moo re</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>IOOF, Home records</u> ADDRESS <u>Liberty 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION — I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial weakness.</u> ANTECEDENT CAUSES <u>Possible thrombus</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Could not demonstrate)</u> DUE TO (c) <u>Arteriosclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS: <u>She was blind - cataracts removed, unsuccessful.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>		19d. <u>7500</u>	
19e. <u>10 or more years ago</u>		19f. <u>4 years ago</u>	
19g. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE SIGNED <u>1/25/50</u>	
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>July 1949</u> to <u>Jan 25, 1950</u> , that I last saw the deceased alive on <u>Jan 23, 1950</u> and that death occurred at <u>8 A. m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Cliff Gadsden M.D.</u> (Degree or title)		23b. ADDRESS <u>Liberty Mo.</u>	
23c. DATE SIGNED <u>1/25/50</u>		23d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 27-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>IOOF, Home</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN - 26 - 1950</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS <u>Church-Archer Co Liberty, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

240  
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JAN 30

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-1-50

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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 John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty 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.