

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4115

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 60			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Cape Girardeau 0164					
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Hosp.				d. STREET ADDRESS (If rural, give location) 1111 N. MAIN					
3. NAME OF DECEASED (Type or Print) Maggie		a. (First) Myrtle		c. (Last) FRAIZER		4. DATE OF DEATH (Month) (Day) (Year) February 21, 1950			
5. SEX F		6. COLOR OR RACE W		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 22, 1890			
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Grand Tower, Illinois			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Wyles		13b. MOTHER'S MAIDEN NAME Alice Marden		14. NAME OF HUSBAND OR WIFE Noah Henry Fraizer			
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. None		17. INFORMANT'S SIGNATURE OR NAME Cape Girardeau, Mo. Noah Henry Fraizer					
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) Cholelithiasis. ANTECEDENT CAUSES (b) Melancholy, Senescence. DUE TO (c) Cd. Pancreas - Metastasis II. OTHER SIGNIFICANT CONDITIONS (supplementary report) Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Gall stones in R.P.P. examined elsewhere				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? SUPPLEMENTARY INFORMATION					
22. I hereby certify that I attended the deceased from Feb 21 st , 1950, to Feb 21 st , 1950, and that death occurred at 9:00 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) V. L. ...				23b. ADDRESS Cape Girardeau		23c. DATE SIGNED 2/27/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE February 23, 1950		24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri			
DATE REC'D BY LOCAL REG. 2-27-1950		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Frank Young Funeral Home Cape Girardeau, Mo. by Byron					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 6 1950

DISTRICT HEALTH OFFICE

File No. 350-298

NOV 13 1952

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.

Signed *Jewell Sprague*

Signed _____
Student Embalmer

Licensed Embalmer No. 4736

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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