

FILED MAY 9 1950  
 28887-50

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

13527

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 52-26 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>Rural Valle Jimp</u>		c. CITY OR TOWN <u>Rural Valle Jimp</u>	
c. LENGTH OF STAY (In this place) <u>See</u>		d. STREET ADDRESS (If rural, give location) <u>Valle Mines 0500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Valle Mines</u>			

3. NAME OF DECEASED a. (First) <u>BABY</u>		b. (Middle) <u>---</u>		c. (Last) <u>FRAZIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1950</u>			
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>May 5, 1950</u>			
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 18 HRS. Hours <u>0</u> Min. <u>2</u>		11. BIRTH PLACE (State or foreign country) <u>Valle Mines Mo</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.C.</u>	

13a. FATHER'S NAME <u>Dale Frazier</u>		13b. MOTHER'S MAIDEN NAME <u>Maile Ward</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dale Frazier</u>		ADDRESS <u>Valle Mines 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Six months prenatal</u>					
DUE TO (c) <u>---</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>776X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>	
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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? <u>---</u>	
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22. I hereby certify that I attended the deceased from 2:30-4:30 to ---, 19---, that I last saw the deceased alive on 5/5, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. E. Owen, D.O.</u>		V (Degree or title)		23b. ADDRESS <u>Be foto, Mo.</u>		23c. DATE SIGNED <u>5/6/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frazier family</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Co. Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5/6/50</u>		REGISTRAR'S SIGNATURE <u>Maria Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bertram Huel</u>		ADDRESS <u>Co. Boone Mo</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED 5-8-50

STATEMENT BY LICENSED EMBALMER

*No Embalming Done*

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 .....

Licensed Embalmer No. ....

P. O. Address .....

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.