S. No. 300
V. 10.48

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

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30400
Registrar's No. 4008

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galena
d. STREET ADDRESS (If rural, give location): 1040

3. NAME OF DECEASED (Type or Print)
a. (First): CLAUDE
b. (Middle): LEWIS
c. (Last): FRAZIER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 7, 1911
9. AGE (In years last birthday): 39
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Des Moines Operator
10b. KIND OF BUSINESS OR INDUSTRY: RAILWAY ~~Railroad~~
11. BIRTHPLACE (State or foreign country): Nebraska- RED OAK, IOWA
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: (first unknown) Vaughan
13b. MOTHER'S MAIDEN NAME: ~~Bertha (Last unknown)~~ AOMIEBER
14. NAME OF HUSBAND OR WIFE: Neomi Bunn ~~Frazier~~ FRAZER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W. #2
16. SOCIAL SECURITY NO.: 485 01 1485
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Claude Frazier, Galena, Missouri

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) Ventricular dilatation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
(b) DUE TO (b) Possible Tuberculosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Possible Tuberculosis — 002X

19a. DATE OF OPERATION: 9-19-50
19b. MAJOR FINDINGS OF OPERATION: Ventricular dastation & dilatation
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-15, 1950, *to* 9-20, 1950, *that I last saw the deceased alive on* 9-20, 1950 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert W. Forsythe (Degree or title) MD
23b. ADDRESS: 411 Alameda Rd.
23c. DATE SIGNED: 9-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/20/50
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Shenandoah, Iowa

DATE REC'D BY LOCAL REG.: 9-22-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STINE & McCLURE, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. A. Carmichael
Floyd Trust Bldg.
Co. 3305

170.

OCT 24 1950

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 M McCarthy

Licensed Embalmer No. 4694

P. O. Address KC 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Iowa
County of Polk } ss.

State File No. 3
Local Registrar's No. 4008

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16th day of October, 1950, before me appears Naomi Bunn Frazer, who, upon her oath, states that the original record of ~~birth~~ death for Claude Frazer, died ~~born~~ September 20, 1950, in the State of Missouri, and which was filed at Kansas City on Sept. 22, 1950, should be corrected as follows:

Item No. 3 should read Claude Lewis Frazer
Instead of Claude Frazier

Item No. 10b should read Street Railway
Instead of Railroad

Item No. 14 should read Naomi Bunn Frazer
Instead of Neomi Bunn Frazier

Item No. 17 should read Mrs. Claude Frazer
Instead of Mrs. Claude Frazier

Item No. 11 should read Red Oak, Iowa
Instead of Nebraska

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information ~~and belief~~.

(SEAL)

Affiant Naomi Bunn Frazer
Relationship. wife

Galena, Missouri
Present Address.

Subscribed and sworn to before me this 16th day of October, 1950.

My Commission expires July 4-1951 Earl H. Craig Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
0M-5-43
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