

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30400**
4008
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galena	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1040 X	
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		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Des Moines Operator	11. BIRTHPLACE (State or foreign country) Nebraska - RED OAK, IOWA
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME (first unknown) Vaughan	
13b. MOTHER'S MAIDEN NAME Bertha (Last unknown)		14. NAME OF HUSBAND OR WIFE Neomi Bunn Frazier FRAZER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes W.W. #2		16. SOCIAL SECURITY NO. 485 01 1485	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Claude Frazier, Galena, Missouri		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular distention ANTECEDENT CAUSES (b) Possible Tuberculosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Possible Tuberculosis	
19a. DATE OF OPERATION 9-19-50		19b. MAJOR FINDINGS OF OPERATION Ventricular distention & dilatation	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 002X	
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?	
22. I hereby certify that I attended the deceased from 9-15 , 19 50 , to 9-20 , 19 50 , that I last saw the deceased alive on 9-20 , 19 50 and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Robert W. Forsythe (Degree or title) Robert W. Forsythe MD		23b. ADDRESS 411 Alameda Rd.	
23c. DATE SIGNED 9-22-50		24. LOCATION (City, town, or county) (State) Shenandoah, Iowa	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/20/50	
24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 9-22-50		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE		ADDRESS Kansas City, Mo.	

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

CMA - J. J. ...

Dr. F. A. Carmichael
Playa Vista Bldg.
Co. 3305

after 11:00 AM

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. M. Carthy

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. 3000
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 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 wife
Galena, Missouri
Relationship.
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.

The first part of the document discusses the importance of maintaining accurate records. It emphasizes that proper record-keeping is essential for ensuring the integrity and reliability of the data collected. This section also outlines the various methods used to collect and analyze the data, highlighting the challenges faced during the process.

The second part of the document provides a detailed overview of the experimental procedures. It describes the setup of the equipment, the calibration process, and the specific steps followed during the data collection phase. This section is crucial for understanding the methodology used in the study and for replicating the results.

The third part of the document presents the results of the study. It includes a series of tables and graphs that illustrate the data collected. The analysis shows that there is a significant correlation between the variables studied, and the results are consistent across the different trials conducted.

The fourth part of the document discusses the implications of the findings. It suggests that the results have important implications for the field of study, and that further research is needed to explore the underlying mechanisms. The authors also provide recommendations for future studies and discuss the limitations of the current work.

The fifth part of the document is a conclusion that summarizes the key findings of the study. It reiterates the importance of the research and the need for continued investigation in this area. The authors express their gratitude to the funding agencies and the participants who made the study possible.

Finally, the document includes a list of references and a list of figures. The references cite the works of other researchers in the field, providing context for the current study. The list of figures provides a visual summary of the data presented in the text.