

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5132

502  
1

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

BIRTH NO. 124		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 2031		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give town) De Soto		c. LENGTH OF STAY (in this place) YRS.		c. CITY (If outside corporate limits, write RURAL and give township) De Soto		0502	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1018 So. Third St.				d. STREET ADDRESS (If rural, give location) 1018 So. Third St.			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) Katherine		c. (Last) FRAZIER		4. DATE OF DEATH (Month) (Day) (Year) Feb 15-1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 20-1862	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Chester, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Watt		13b. MOTHER'S MAIDEN NAME Margaret McManus		14. NAME OF HUSBAND OR WIFE N.W. Frazier			
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 Robert Lanham		ADDRESS De Soto, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic, with myocardial insufficiency. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease. DUE TO (c) Arteriosclerosis of coronary arteries. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200				INTERVAL BETWEEN ONSET AND DEATH 4 months 2 years 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 Feb. 11, 1951, to Feb. 15, 1951, that I last saw the deceased alive on Feb. 15, 1951, and that death occurred at 3 <sup>00</sup> P. m., from the causes and on the date stated above.							
23a. SIGNATURE Thomas A. Donnell M.D. (Degree or title)				23b. ADDRESS De Soto, Mo.		23c. DATE SIGNED 2-18-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-18-51	24c. NAME OF CEMETERY, OR CREMATORY Mt. Olive		24d. LOCATION (City, town, or county) (State) Valle Mines, Mo.		
DATE REC'D BY LOCAL REG. 2-23-51		REGISTRAR'S SIGNATURE Maria Garrison 146		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathews		ADDRESS De Soto, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 2-26-51

**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

*Andrew H. England*

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.