

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26603

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 723

1. PLACE OF DEATH
a. COUNTY Greene 0396
b. CITY OR TOWN Springfield
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Rural Center Township 0390
d. STREET ADDRESS (If rural, give location) Route 6, Springfield

3. NAME OF DECEASED a. (First) Opha b. (Middle) Demore c. (Last) Frazier
4. DATE OF DEATH (Month) (Day) (Year) August 23 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH August 3, 1890 9. AGE (In years last birthday) 61

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) Greene Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry H. DeMore 13b. MOTHER'S MAIDEN NAME Mary K McKinney 14. NAME OF HUSBAND OR WIFE Julian J. Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julian J. Frazier, Springfield, 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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis; acute
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Etiology - not known - ? Gall bladder disease - pancreatitis)
DUE TO (c) mesenteric thrombosis -
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 8 d.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 58.5 X
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) (Minute) 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 8/16, 1951, to 8/23, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED
R. D. Callaway MD Springfield 8/25/51

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
Burial Aug 25, 1951 Clear Creek Cemetery Near Springfield, Missouri

DATE REC'D BY LOCAL REG. 8-25-51 REGISTRAR'S SIGNATURE W. E. Handley 111 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Schmeier, Springfield, Mo.

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed James W. Ware

Signed.....
Student Embalmer

Licensed Embalmer No. 4650

P. O. Address Springfield ma

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.