

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32266**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **302**

1. PLACE OF DEATH a. COUNTY Marion County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo. 102-U	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospt.		d. STREET ADDRESS (If rural, give location) X	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) FRANKLIN c. (Last) FRAZER			4. DATE OF DEATH (Month) (Day) (Year) 9-21-1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 2-4-1888			9. AGE (In years last birthday) Months Days Hours Min. 64 7 17		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John W. Frazer		13b. MOTHER'S MAIDEN NAME Mary Hays		14. NAME OF HUSBAND OR WIFE Bessie Mae Frazer	
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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie Mae Frazer, Shelbina, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid 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.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION 13 Sept 52		19b. MAJOR FINDINGS OF OPERATION Sub total gastrectomy pyloric obstruction duodenal		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., living room, 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 **10 Sept, 1952**, to **21 Sept, 1952**, that I last saw the deceased alive on **21 Sept, 1952** and that death occurred at **9:30P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M.D. [Signature] (Degree or title)		23b. ADDRESS Hannibal Mo		23c. DATE SIGNED Sept 26/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-23-1952		24c. NAME OF CEMETERY OR CREMATORY Shelbina, Mo.	
24d. LOCATION (City, town, or county) (State) Shelbina, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley-Hawkins, Shelbina, Mo.			

DATE REC'D BY LOCAL REG. 9-29-52		REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W.C. Fisher		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley-Hawkins, Shelbina, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3644

SEP 21 1952

RECEIVED OCT 6 1952
MARION CO. HEALTH
DATE FILED OCT 6 1952

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed..... *W. Hawkins*

Licensed Embalmer No. *3498*

P. O. Address *S. Perkins 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.