

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41827**
Registrar's No. **99**

FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 215 N Ford 0251	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cameron Community Hosp		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) May c. (Last) Frazier	4. DATE OF DEATH (Month) (Day) (Year) 12-20-52
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 23-1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY housework	11. BIRTHPLACE (State or foreign country) Caldwell Co MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm Hamilton Crawford	13b. MOTHER'S MAIDEN NAME Elizabeth Ann Kerrius Edgar Frazier	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Miss Linn Corbin Ables	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Heart Disease & decompensation 18 yrs.		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **12-19, 1952**, to **12-20, 1952**, that I last saw the deceased alive on **12-19, 1952**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Kerner M.D.	23b. ADDRESS Cameron Mo	23c. DATE SIGNED 12-20-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-22-52	24c. NAME OF CEMETERY OR CREMATORY Evergreen	24d. LOCATION (City, town, or county) (State) Cameron MO
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DATE REC'D BY LOCAL REG. 12-24-52	REGISTRAR'S SIGNATURE Winifred W. Mosler	5390-5	25. FUNERAL DIRECTOR'S SIGNATURE Palad Funeral Home	ADDRESS Cameron
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No. 300
10.48
251
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 3 1954

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 Robert F. DeLeon

Licensed Embalmer No. 4777

P. O. Address 222 West 24th St
Lawson, 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.