

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42586**

FILED JAN 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 584

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

1. PLACE OF DEATH a. COUNTY <u>Boyer</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Boyer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Doplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Doplin</u>	
c. LENGTH OF STAY (If in place) <u>D.O.A.</u>		d. STREET ADDRESS (If rural, give location) <u>2628 EMPIRE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>			

3. NAME OF DECEASED a. (First) <u>AL</u> b. (Middle) <u>FRAZIER</u> c. (Last) <u>FRAZIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1952</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-11-1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common Carrier</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>La Junta, Colo!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>No Record</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>Velma</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>World War I</u>		16. SOCIAL SECURITY NO. <u>499-22-0002</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Velma Frazier</u>		ADDRESS <u>2778 Empire</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio Vascular Disease</u>		MEDICAL CERTIFICATION <u>decompensate</u>		INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>						
	DUE TO (c) <u>Syphilis, latent</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Nelson B. Butterworth, M.D.</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Joplin Mo.</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>1-2-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oshana Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-3-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-5-53
Jasper County Health Office

County File Number 53/1/21

Date Filed 1-6-53

JAN 6 1953

JAN 27 1953

JAN 8 1953

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin 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.