

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1952

86

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town) Waverly	c. LENGTH OF STAY (in this place) 8 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly 0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) -----	

3. NAME OF DECEASED (Type or Print) a. (First) FLORA		b. (Middle) ANN	c. (Last) FRAZIER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1952	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Saline Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas A. Smith		13b. MOTHER'S MAIDEN NAME Martha Hutton	14. NAME OF HUSBAND OR WIFE Henry Joseph Frazier
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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 ADDRESS Mrs. Steve Fell Waverly, Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		5 yrs
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 on 12/18/52, to _____, 19____, that I last saw the deceased alive on 12/15, 1952, and that death occurred 8:05P on _____, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) John A. ...	23b. ADDRESS Waverly, Mo.	23c. DATE SIGNED 12/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 21, 52	24c. NAME OF CEMETERY OR CREMATORY Methodist Cem.	24d. LOCATION (City, town, or county) (State) Grand Pass Mo.
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DATE REC'D BY LOCAL REG. Dec 21-1952	REGISTRAR'S SIGNATURE Clayton K. Landrum	25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger	ADDRESS Marshall, Mo
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(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1933

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.