

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2204

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 31

1644  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		d. STREET ADDRESS (If rural, give location) <u>409 No. 5th St.</u>	
3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Elliott</u> c. (Last) <u>Frazier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-53</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2/22/1869</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR: Days <u>11</u>	IF UNDER 6 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>U</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Elliott</u>	
13b. MOTHER'S MAIDEN NAME <u>- -</u>		14. NAME OF HUSBAND OR WIFE <u>William A. Frazier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E. E. Eagle</u>		ADDRESS <u>409 No 5th St. Hannibal</u>	
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) <u>Surgere both legs</u> ANTECEDENT CAUSES <u>arterio sclerosis heart disease</u> 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 <u>4/200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>June</u> , 19 <u>52</u> , to <u>Jan 26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 26</u> , 19 <u>53</u> , and that death occurred at <u>3:45P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>J. H. Hainville MD</u> (Degree or title)		23b. ADDRESS <u>Hannibal Mo</u>	
23c. DATE SIGNED <u>1-27-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1/29/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deenwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>		DATE REC'D BY LOCAL REG. <u>1-30-53</u>	
REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. O'Rourke</u>	
ADDRESS <u>Bay View</u>		ADDRESS <u>Hannibal Mo</u>	

RECEIVED FEB 2 1953  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 2 1953

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**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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.