S. No. 300
v. 10.48

0350
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5354

State File No.

FILED FEB 24 1953

BIRTH NO. 7707 REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 542 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Union Twp
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-Campbell R. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Union Twp. 0350
d. STREET ADDRESS (If rural, give location): Rte. 1

3. NAME OF DECEASED (Type or Print)
a. (First): EDDIE
b. (Middle): EARL
c. (Last): FRAZIER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Feb. 3, 1953
9. AGE (In years last birthday): If under 1 year: Months; Days 2; If under 1 hr.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Campbell, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Dalton Frazier
13b. MOTHER'S MAIDEN NAME: Lucille Bailey
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Dalton Frazier
ADDRESS: Campbell, Mo. Rt.1

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congenital Heart — 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)

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 7544
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1953, *to* Feb 5, 1953, *that I last saw the deceased alive on* Feb 3, 1953, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Byron L. Franklin M.D.
23b. ADDRESS: Campbell Mo
23c. DATE SIGNED: 2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Four Mile Cemetery
24d. LOCATION (City, town, or county) (State): Campbell, Missouri R.1

DATE REC'D BY LOCAL REG.: 2/10/53
REGISTRAR'S SIGNATURE: Mrs Beulah Campbell
25. FUNERAL DIRECTOR'S SIGNATURE: Landess Funeral Home, Campbell, Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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2-16-53

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-16-53

COUNTY FILE NUMBER 253-39

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.

(Not Embalmed)

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.