

STANDARD CERTIFICATE OF DEATH

State File No. **23587**

10. 300
0. 48

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

FILED JUL 10 1953		REG. DIST. NO. 332	PRIMARY REG. DIST. NO. 6116	Registrar's No. 101
1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY SCOTT		
b. CITY (If outside corporate limits, write RURAL and give township) Benton, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Benton, Mo		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1000 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Sandy Woods Inf.				
3. NAME OF DECEASED (Type or Print) JACK		a. (First) JACK		b. (Middle) —
		c. (Last) FRAZIER		4. DATE OF DEATH (Month) (Day) (Year) June 25 1953
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 3. 1878	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) MARTIN MILL, TENN
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME ED FRAZIER		13b. MOTHER'S MAIDEN NAME MARY MURPHY		14. NAME OF HUSBAND OR WIFE TENNEY
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. —		17. INFORMANT'S SIGNATURE OR NAME Phillip Phillips Blodgett
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Badly burned body found near burning home		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. 9/60 1/6				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Benton, Rural Scott Mo
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?
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.				
23a. SIGNATURE (Degree or title) Delma C. Buckthorpe, M.D. Health Officer		23b. ADDRESS Benton Mo		23c. DATE SIGNED 6-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28, 1953		24c. NAME OF CEMETERY OR CREMATORY Blodgett, Mo
24d. LOCATION (City, town, or county) (State) Blodgett, Mo		24e. FUNERAL DIRECTOR'S SIGNATURE Orville Taylor Sikeston, Mo		
DATE REC'D BY LOCAL REG. 7-1-53		REGISTRAR'S SIGNATURE Mrs. Oella Hunter		ADDRESS Orville Taylor Sikeston, Mo

JUL 6 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 753151

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Edgar McMillan

Licensed Embalmer No. 4695

P. O. Address E. P. 110

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.