

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31299**

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>	
c. LENGTH OF STAY (in this place) <u>3 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State I.O.O.F. Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Amanda</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Frazier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 29, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 13, 1871</u>	9. AGE (In years last birthday) <u>82</u>	10 UNDER 1 YEAR Months	10 OVER 1 YEAR Days	10 OVER 1 YEAR Hours	10 OVER 1 YEAR Mins.
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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 <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Green City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David Watt</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Kerr</u>	14. NAME OF HUSBAND OR WIFE <u>B. G. Frazier</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.C. Conkerham</u> ADDRESS <u>Liberty, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arterio sclerosis.</u>		
	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 <u>E9037</u> <u>44</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Fell Fracture femur</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>in I.O.O.F. Hall</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clay Co Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 30, 1953 A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lost Rev balance</u>
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22. I hereby certify that I attended the deceased from Aug 15, 1953, to Sept 29, 1953, that I last saw the deceased alive on Sept 26, 1953, and that death occurred at 6A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm H Goodson MD</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>9/29/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 29, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Green City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 5, 1953</u>	REGISTRAR'S SIGNATURE <u>Mabel Buchanan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Creber Co.</u> ADDRESS <u>Liberty, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 500
10-48

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 Harold E. Smith

Licensed Embalmer No. 4575

P. O. Address Lifesty, MD.

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.