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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1954

State File No. 2388

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unionville
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Court House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milam Missouri 1050 1
d. STREET ADDRESS (If rural, give location): town

3. NAME OF DECEASED (Type or Print)
a. (First): Lawson
b. (Middle): C.
c. (Last): Frazier

4. DATE OF DEATH (Month) (Day) (Year): Jan. 9, 1954

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2
8. DATE OF BIRTH: Aug. 29, 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 4, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Sullivan Co. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Frazier
13b. MOTHER'S MAIDEN NAME: Christiana Porea
14. NAME OF HUSBAND OR WIFE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Cor Leeper, Pol ock, Mo.

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): Chronic Myocarditis

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
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 _____, 19__, to _____, 19__, that I last saw the deceased alive on* ✓ *, 19* ✓ *, and that death occurred at* 9 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas Fourle Corona 3
23b. ADDRESS: Unionville, Mo
23c. DATE SIGNED: 1-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: Jan. 12, 54
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cem.
24d. LOCATION (City, town, or county) (State): Sullivan Co. Mo.

DATE REC'D BY LOCAL REG.: 1-23-54
REGISTRAR'S SIGNATURE: Marvell Durbin 266 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F. C. Kristell Jr. Unionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 [illegible]

Licensed Embalmer No. 3304

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.