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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8177**

FILED MAR 25 1954  
BIRTH NO. **14985-54** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KENNETT</b>	c. LENGTH OF STAY (in this place) <b>1 Day</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MALDEN</b>	<b>0351</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DUNKLIN COUNTY MEMORIAL</b>		d. STREET ADDRESS (If rural, give location) <b>Air Port Branch</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GREGORY</b> b. (Middle) <b>FRAZER</b> c. (Last) <b>FRAZER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 11 1954</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>	8. DATE OF BIRTH <b>MARCH 10, 1954</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 24 HRS. Days <b>0</b>	Min. <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>KENNETT, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>WALTER FRAZER</b>		13b. MOTHER'S MAIDEN NAME <b>VIRGINIA COFFIELD</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lt. WALTER FRAZER, Malden, Air Port</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>microcephalus</b>			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) <b>Unknown</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>7531</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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 **3-10, 1954**, to **3-11, 1954**, that I last saw the deceased alive on **3-11, 1954**, and that death occurred at **6:40P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. I. Edmundson M.H.</b>		23b. ADDRESS <b>Malden, Missouri</b>		23c. DATE SIGNED <b>3-12-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 13-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>MALDEN, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>3-16-54</b>	REGISTRAR'S SIGNATURE <b>Earl H. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Day Funeral Home, Malden, Mo.</b>		
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 3-19-54  
COUNTY FILE NUMBER 324-62

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

Lyman R. Cunningham Student Embalmer No. 503  
working under my personal supervision.

Student Lyman R. Cunningham  
Student Embalmer

Signed R. Baber

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.