

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33747

State File No. ....

FILED OCT 25 1954

0420  
0

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

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's of the Ozarks</u>				d. STREET ADDRESS (If rural, give location) <u>312 North Hancock</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Karen</u>		b. (Middle)		c. (Last) <u>Frazeo</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>April 2, 1952</u>	
9. AGE (In years last birthday) <u>2</u>		10. MONTHS <u>6</u>		11. DAYS <u>8</u>		12. HOURS <u>8</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ironton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Warren Frazee</u>		13b. MOTHER'S MAIDEN NAME <u>Evadene Myers</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Warren Frazee, Ironton, Mo.</u> ADDRESS			
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* (a) <u>Terminal bronchial pneumonia</u>  ANTECEDENT CAUSES fractured ribs  DUE TO (b) <u>concussion of brain, traumatic shock</u>  DUE TO (c) <u>fractured right femur</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>8 hours</u> <u>8 hours</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington, Mo</u>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>10-10-54 12:30 P.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident.</u>					
22. I hereby certify that I attended the deceased from <u>10-10</u> , 19 <u>54</u> , to <u>10-10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-10</u> , 19 <u>54</u> , and that death occurred at <u>8 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE: <u>R. E. Harland, M.D.</u> (Degree or title)				23b. ADDRESS <u>Ironton, Mo</u>		23c. DATE SIGNED <u>10-13-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/13/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Steelville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Steelville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/19/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> <u>128-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton, Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

Archie S. White

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 Annell J. White.....

Licensed Embalmer No. 3012.....

P. O. Address Ironton, 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.