

0570

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22783

State File No.

FILED JUL 25 1955

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5767 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - BEDFORD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - HURRICANE</u> <u>0570</u>	
c. LENGTH OF STAY (In this place) <u>2 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi. west of Elsberry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co. Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OSCAR</u>	b. (Middle) <u>D.</u>	c. (Last) <u>FRAZIER</u>	4. DATE OF DEATH	(Month) <u>July</u>	(Day) <u>12</u>	(Year) <u>1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Nov. 24, 1887</u>	9. AGE (In years last birthday)	<u>57</u>	10. UNDER 1 YEAR	11. UNDER 24 HRS.	12. UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant - owner - Country Store</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State of Foreign Country) <u>RFD - Elsberry, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN FRAZIER</u>	13b. MOTHER'S MAIDEN NAME <u>CORA LILLEY</u>	14. NAME OF HUSBAND OR WIFE <u>EDNA 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>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EDNA FRAZIER - Elsberry, Mo</u>	ADDRESS
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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		19. INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION <u>7-11-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Right renal calculus</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 6-27, 1955 to 7-11, 1955, that I last saw the deceased alive on 7-11, 1955, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Addison Housha</u>	23b. ADDRESS <u>Tray, Mo.</u>	23c. DATE SIGNED <u>7-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	24d. LOCATION (City, town, or county) (State) <u>ELSBERRY, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 23, 1955</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. A. ... - Elsberry, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 10 1956

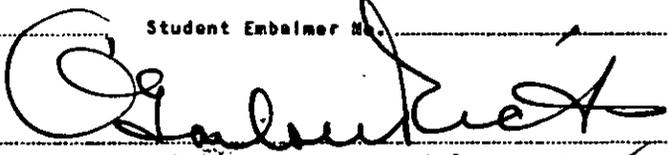
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed 

Licensed Embalmer No. 4012

P. O. Address Elsherry, 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.