

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33230

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4202

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 8 1/2 yrs		STREET ADDRESS (If rural, give location) 2012 E. 19th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Queen of The World			

3. NAME OF DECEASED (Type or Print) a. (First) Matthew b. (Middle) FRAZIER, SR c. (Last) FRAZIER, SR			4. DATE OF DEATH (Month) (Day) (Year) Sept 27, 1955		
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 10, 1892	9. AGE (In years birthday) 63	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Gibsland, La.	
13a. FATHER'S NAME King Frazier			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Lora Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 509-12-4357		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lora Frazier 2012 E. 19th St.	
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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) Metastatic Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 15 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Colon		
	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 July + Sept 1954		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 June, 1954, to Sept 27, 1955, that I last saw the deceased alive on 9-27, 1955 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Jack B. Grams (Degree or title) M.D.		23b. ADDRESS 1103 Grand Ave		23c. DATE SIGNED Sept 29-55	
24a. FUNERAL CREMATORY (Specify) Westlawn		24b. DATE Oct. 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Westlawn	
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas					

DATE REC'D BY LOCAL REG. 9-29-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. Funeral Home 1800 Benton	
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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.....
Signature of Student Embalmer

Signed *Bruce A. Watter*.....

Licensed Embalmer No. *45*.....

P. O. Address *1600 Kent*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.