

FILED DEC 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36125

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5142</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Neely Twp</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Neely Twp</u>		<u>0/20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles E of Neelyville</u>				d. STREET ADDRESS (If rural, give location) <u>Neelyville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susanna</u>		b. (Middle) _____		c. (Last) <u>Fraizer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1955</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 7, 1903</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Windchester, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Jenkins</u>		13b. MOTHER'S MAIDEN NAME <u>Joanna Sharp</u>		14. NAME OF HUSBAND OR WIFE <u>Nolden Fraizer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nolden Fraizer Neelyville, Mo.</u>			
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) <u>Pulmonary Edema</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension 4200</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Oct. 5, 1955</u> , to <u>Nov. 25, 1955</u> ; that I last saw the deceased alive on <u>Nov. 1, 1955</u> and that death occurred at <u>9:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. L. Smith</u>				23b. ADDRESS <u>Neelyville, Mo.</u>		23c. DATE SIGNED <u>11-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/28/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Dumas Ark.</u>	
DATE REC'D BY LOCAL REG. <u>11/29/55</u>		REGISTRAR'S SIGNATURE <u>B. M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCord-Gish</u>		ADDRESS <u>Naylor, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 6 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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 *Bryan McCord*

Licensed Embalmer No. *4 of 79*

P. O. Address *Way, Tex, Tex*

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

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