

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40124

State File No. _____

FILED JAN 11 1956

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Hornersville</u> c. LENGTH OF STAY (in this place) <u>6 years</u>		c. CITY OR TOWN <u>Hornersville</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		STREET ADDRESS (If rural, give location) <u>Gen. Lee</u> <u>0350</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOYCE</u> b. (Middle) <u>—</u> c. (Last) <u>FRAZIER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>School</u>	8. DATE OF BIRTH <u>Jan 31 / 1946</u>	9. AGE (In years last birthday) <u>9</u> <u>11</u> <u>Days</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) <u>Blue Mountain Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Blue Mountain Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Paul Frazier</u>	13b. MOTHER'S MAIDEN NAME <u>Charis Caterington</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Frazier</u> ADDRESS <u>Hornersville Mo</u>
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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) <u>Basal Fracture of Skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>20 min.</u>
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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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi. 2 Mi. W. of Hornersville</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clay Twp. 035 Dunklin Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 31, 1955 7:10 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>Hit by car while crossing road.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Quinton Tarver, M.D., Coroner, Dunklin County</u>	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>1-4-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>1/3/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Mountain</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Mountain Mississippi</u>
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DATE REC'D BY LOCAL REG. <u>1-5-56</u>	REGISTRAR'S SIGNATURE <u>Sue Bradac</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Consistent Sons Funeral Home Hornersville Mo</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

13503

RECEIVED BOARD OF HEALTH DEPARTMENT

DEPARTMENT 1-9-56

COUNTY FILE NUMBER 156-1

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 Tom V. Emerson

Licensed Embalmer No. 69

P. O. Address Jonestown

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.