

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS DEC 17 1959 98

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10

ENDED

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Marion Twp.		c. CITY OR TOWN Marion Rural Marion Twp	
Length of stay in 1b 10 Months		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mi. West Jameson		d. STREET ADDRESS (If outside, give location) 4 Mi. West Jameson	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Elda Middle --- Last Frazier			4. DATE OF DEATH Month December Day 3 Year 19 59		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-24-1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and state or country) Daviess Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Frazier		13b. MOTHER'S MAIDEN NAME Clara Alice Bardrick		14. NAME OF HUSBAND OR WIFE Faun E. Frazier	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 497-40-6525	17. INFORMANT Mrs. Elda Frazier Jameson, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw ^{her}him alive on _____
Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. S. Baumgardner		(Degree or title) De Coronar	22b. ADDRESS Pattonsburg, Mo.	22c. DATE SIGNED 12/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-6-1959	23c. NAME OF CEMETERY OR CREMATORY Bether Cemetery	23d. LOCATION (City, town, or county) (State) Pattonsburg., Mo.	
24. FUNERAL DIRECTOR R. O. Chisholm	ADDRESS Hope Funeral Home, Gallatin, Mo.	25. DATE RECD. BY LOCAL REG. 9th Dec. 1959	26. REGISTRAR'S SIGNATURE Signe M Engelhart	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 L. O. Dickerson

Licensed Embalmer No. 3302

P. O. Address Collatin

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.