

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-006924

FILED VS MAR 8 1960

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 3v

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOACHIM TOWNSHIP</u>		Length of stay in 1b <u>10 Mo.</u>	c. CITY OR TOWN <u>FESTUS, MISSOURI</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mt. View Nursing Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R. R. #1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>BERTHA</u> Middle <u>SUSAN</u> Last <u>FRAZIER</u>			4. DATE OF DEATH Month <u>FEB.</u> Day <u>20</u> Year <u>1960</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 13, 1885</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>PLATTIN, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>HENRY B. FRAZIER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CRAIG</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>	
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>NONE</u>	17. INFORMANT <u>MRS. ELSTON WHITE</u> Address <u>R. R. #1, FESTUS, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Generalized arteriosclerosis</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>		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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>Festus, Mo.</u>	COUNTY <u>JEFFERSON</u>	STATE <u>MISSOURI</u>
21. I attended the deceased from <u>Aug. 7 1955</u> to <u>Jan 15, 1960</u> and last saw her/him alive on <u>Jan 15, 60</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Bertram Belgar, Jr.</u> (Degree or title)		22b. ADDRESS <u>Festus, Mo.</u>	22c. DATE SIGNED <u>8/20/60</u> (State) <u>MISSOURI</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-22-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROSE LAWN</u>	23d. LOCATION (City, town, or county) <u>CRYSTAL CITY MISSOURI</u>
24. FUNERAL DIRECTOR <u>James R. Cady</u> ADDRESS <u>Crystal City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2/22/60</u>	26. REGISTRAR'S SIGNATURE <u>John R. Stull Sigley</u>	

(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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: James Richard Cady
Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.