RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-016515

FILED VS. APR 21 1960

Registration District No. 3/4 Primary Registration District No. 4439 6064 Registrar's No. 26 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osceola
Length of stay in Ib
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osage River
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 11800 E- 43;St;
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Charles Middle E. Last Frazier
4. DATE OF DEATH Month Mar; Day 28; Year 1860

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/17/28
9. AGE (last birthday) 32
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Transport
11. BIRTHPLACE (City and state or country) Milan Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Everett Frazier
13b. MOTHER'S MAIDEN NAME Hazel Long
14. NAME OF HUSBAND OR WIFE Mary Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Freddie Frazier, Address Kansas City Mo;

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Boat Capsized - Osage River
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH Sudden

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Boat Capsized in deep water
20c. TIME OF INJURY Hour 7:00 P.M. Month, Day, Year 3/28/60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Osage River
20f. CITY, TOWN, OR LOCATION Osceola COUNTY St. Clair STATE Missouri

BY AFFIDAVIT OF DOCUMENT

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 7:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ruth Sievers (Degree or title) Local Reg
22b. ADDRESS Osceola Missouri
22c. DATE SIGNED 4/11/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4/11/60
23c. NAME OF CEMETERY OR CREMATORY Milan
23d. LOCATION (City, town, or county) Milan (State) Missouri

24. FUNERAL DIRECTOR Goodrich F. Hunt ADDRESS Osceola Mo
25. DATE RECD. BY LOCAL REG. 4-11-60
26. REGISTRAR'S SIGNATURE Ruth Sievers

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1960

MAY 9 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F B Goodrich

Signature of Student Embalmer

Licensed Embalmer No. 3038

P. O. Address Oscoda

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