

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040986
STATE FILE NUMBER

FILED VS. DEC 9 1960 27

Primary Registration District No. 4031 Registrar's No. 144

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| 1. PLACE OF DEATH a. COUNTY Bates | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Adrian | | Length of stay in 1b 3 Years | c. CITY OR TOWN Adrian Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Georgia May Frazier | | | 4. DATE OF DEATH Month Day Year Dec. 1 1960 | |
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| 5. SEX Female | 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 8-1-76 | 9. AGE (last birthday) 84 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
|-------------------------|----------------------------------|---|-----------------------------------|-------------------------------------|--------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Bates County, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME James K. Hodges | 13b. MOTHER'S MAIDEN NAME Jemima Walker | 14. NAME OF HUSBAND OR WIFE William M. Frazier |
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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) No | 16. SOCIAL SECURITY NO. 561-01-1600 | 17. INFORMANT Address William M. Frazier, Adrian, 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) Coxsackey Herpes virus | | INTERVAL BETWEEN ONSET AND DEATH Immediate |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Anterior cerebral blood disease. | |
| | DUE TO (c) | |

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| 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 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.) None |
| 20c. TIME OF INJURY Hour a.m. p.m. None | Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

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

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| 22a. SIGNATURE (Degree or title) Donald Howard M.D. | 22b. ADDRESS Bates, Mo. | 22c. DATE SIGNED 12-3-60 |
| 23. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-4-60 | 23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem. |
| 24. FUNERAL DIRECTOR Six Funeral Service, Adrian, Mo. | ADDRESS | 23d. LOCATION (City, town, or county) (State) Adrian, Mo. |

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| 25. DATE RECD. BY LOCAL REG. Dec. 3, 1960 | 26. REGISTRAR'S SIGNATURE Kindell Kersay |
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DEC 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____ *[Signature]*

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

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