

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS DEC 3 0 1960

6179 - 60-046057  
 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 222

IDEED  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF Frank Ellis

|  |   |   |  |   |  |  |   |  |
|--|---|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b> |  |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |   | Length of stay in 1b<br><b>60 yrs.</b>  |  | c. CITY OR TOWN <b>Kansas City,</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>General Hospital</b>   |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>     |   | d. STREET ADDRESS (If outside, give location)<br><b>3533 Indiana</b>                 |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) <b>DANIEL</b> First, <b>FRAZIER</b> Last  |   |   |  | 4. DATE OF DEATH<br><b>December 7, 1960</b> Month <b>7</b> , Day <b>1960</b> Year   |  |  |   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>7-6-1871</b>   | 9. AGE (last birthday)<br><b>89</b>  | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/>     | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/>        |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Unknown</b>  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Unknown</b>                                      |   | 11. BIRTHPLACE (City and state or country)<br><b>Springfield, Illinois</b>           |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>David Frazier</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Lettie Delford</b>                                       |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>none</b>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   |   | 16. SOCIAL SECURITY NO.<br><b>500-08-7122</b>  |   | 17. INFORMANT<br><b>Mrs. A.B. Antrim, Dayton, Ohio</b> Address <b>215 W. Babbitt</b> |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b><br>DUE TO (b) <b>Arteriosclerotic Heart Disease</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |  |   |  |  |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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<br><b>Kansas City</b>                                   |  | STATE<br><b>Mo.</b>   |  |
| 21. I attended the deceased from <b>December 7, 1960</b> to <b>December 7, 1960</b> and last saw her/him alive on <b>December 7, 1960</b><br>Death occurred at <b>1:06 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |   |  |  |   |  |
| 22a. SIGNATURE<br><i>Frank Ellis</i> (Degree or title)   |   |   |  | 22b. ADDRESS<br><b>2400 Cherry, Kansas City, Mo.</b>  |  | 22c. DATE SIGNED<br><b>12-8-60</b>   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>12/12/60</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Hope Cemetery</b>  |  |   | 23d. LOCATION (City, town, or county)<br><b>Kansas City, Kansas</b> (State)          |  |   |  |
| 24. FUNERAL DIRECTOR<br><b>Muehlebach, 6800 Troost, K. C. Mo.</b> ADDRESS  |   |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>12-8-60</b>  |  | 26. REGISTRAR'S SIGNATURE<br><i>H.L. Dwyer</i>                                       |   |  |

**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

*R. E. Michael*

Licensed Embalmer No. 4999

P. O. Address K. C. M.

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.