RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-048968
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 179

FILED APR 17 1961

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN
Length of stay in 1b 2-days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John's Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Oklahoma
b. COUNTY Rogers
c. CITY OR TOWN Chelsea
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Box 172, ¼mi. West
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First BEATRICE Middle B. Last FRAZIER
4. DATE OF DEATH Month April Day 18 Year 1960
5. SEX F
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-11-1890
9. AGE (last birthday) 69
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Pearl, Ill
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Mathew Mulligan
13b. MOTHER'S MAIDEN NAME Ida Cox
14. NAME OF HUSBAND OR WIFE T. M. Frazier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Address T. M. Frazier, Chelsea, Okla.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2½ days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — 1½ years
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. ☐ 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 24, 1958, to April 18, 1960 and last saw her alive on April 18, 1960
Death occurred at 11:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) Lloyd N McPhee M.D.
22b. ADDRESS 607 Frisco Bldg, Joplin, Mo.
22c. DATE SIGNED 4-8-1961
23a. BURIAL, CREMATION, REMOVAL SPECIFY
23b. DATE April 21, 1960
23c. NAME OF CEMETERY OR CREMATORY Chelsea
23d. LOCATION (City, town, or county) (State) Chelsea, Okla.
24. FUNERAL DIRECTOR ADDRESS Paul Merriott, Chelsea, Okla.
25. DATE RECD. BY LOCAL REG. 4-12-1961
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

US APR 1 8 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by Paul Merriott, Student Embalmer No. HH

working under my personal supervision.

Student _____ Signed Paul Merriott
Signature of Student Embalmer

Licensed Embalmer No. 111

P. O. Address Chelsea,

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