

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-024061

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 237 Primary Registration District No. 3048 Registrar's No. 166

VS 300  
Rev. 4/59

0745  
20745

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>NODAWAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARYVILLE</u>		c. CITY OR TOWN <u>MARYVILLE</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>515 S. Fillmore</u>	
3. NAME OF DECEASED (Type or print) First <u>Otto</u> Middle <u>W.</u> Last <u>FRAZEE</u>		4. DATE OF DEATH Month <u>6</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-25-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto SALESMAN</u>	11. BIRTHPLACE (City and state or country) <u>MARYVILLE, Mo</u>
13a. FATHER'S NAME <u>WILLIAM FRAZEE</u>		13b. MOTHER'S MAIDEN NAME <u>LUCINDA CLAY</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A.</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>		17. INFORMANT <u>Mrs. Virginia Morehouse</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fall + fracture of rt hip</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)		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 checked="" 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.) <u>walking on walk + fell</u>	
20c. TIME OF INJURY Hour <u>2</u> p.m. Month, Day, Year <u>6 14 62</u>	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.) <u>Street</u>	20f. CITY, TOWN, OR LOCATION <u>Maryville</u> COUNTY <u>Nodaway</u> STATE <u>Mo</u>
21. I attended the deceased from Death occurred at <u>1:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		to <u>6/16/62</u> and last saw her/him alive on <u>6-15-62</u>	
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Maryville Mo.</u>	22c. DATE SIGNED <u>6-18-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-18-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MIRIAM CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>MARYVILLE, Mo.</u>
24. FUNERAL DIRECTOR <u>Hickson, Maryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-18-62</u>	26. REGISTRAR'S SIGNATURE <u>Beno Bolt</u>

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*G. M. Alchisaw*

Licensed Embalmer No.

*3279*

P. O. Address

*Maryville, Mo.*

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