

FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15666**

BIRTH NO. _____		REG. DIST. NO. 138		PRIMARY REG. DIST. NO. 5594		Registrar's No. 92			
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt					
b. CITY (If outside corporate limits, write RURAL and give town) Oregon		c. LENGTH OF STAY (In this place) 22 Months		c. CITY (If outside corporate limits, write RURAL and give township) Forest City-Rural					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) Willard		b. (Middle) Franklin		c. (Last) Frazier		4. DATE OF DEATH (Month) (Day) (Year) May 16 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH December 8 1868			
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Doniphan County, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George W. Frazier			13b. MOTHER'S MAIDEN NAME Preamelia Dawson			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Floras Davis		ADDRESS Mound City, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 5-15 , 19 49 , to 5-16 , 19 49 , that I last saw the deceased alive on 5-15 , 19 49 , and that death occurred at 4:40 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D. B. Perry, M.D.				23b. ADDRESS Mound City Mo		23c. DATE SIGNED 5-17-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 17 1949		24c. NAME OF CEMETERY OR CREMATORY Forest City		24d. LOCATION (City, town, or county) (State) Forest City, Missouri			
DATE REC'D BY LOCAL REG. May 18-49		REGISTRAR'S SIGNATURE J. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigah		ADDRESS Oregon Mo			

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

James H. Pittzahn

Licensed Embalmer No. *3192*

P. O. Address *Oregon Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.