

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22256

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hobbs</u> b. (Middle) <u>John</u> c. (Last) <u>Frazier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 28, 1889</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RR Conductor</u>	11. BIRTHPLACE (State or foreign country) <u>Milk Spring Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco RR</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>George Frazier</u>		13b. MOTHER'S MAIDEN NAME <u>James</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Snider Frazier</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>	16. SOCIAL SECURITY NO. <u>702-03-6816</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs H J Frazier</u> ADDRESS <u>Chaffee Mo</u>	
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) <u>Cerebral Apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH <u>6/5/49</u> ANTECEDENT CAUSES DUE TO (b) <u>Previous</u> DUE TO (c) <u>Cerebral Accidents</u> 1946 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left Hemiplegia</u> 334X	
19a. DATE OF OPERATION <u>No</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	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)	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 <u>1946 to 6-7, 1949</u> that I last saw the deceased alive on <u>6-7, 1949</u> and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. D. ...</u> (Degree or title)		23b. ADDRESS <u>...</u>	23c. DATE SIGNED <u>6/8/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
DATE REC'D BY LOCAL REG. <u>6/8/49</u>	REGISTRAR'S SIGNATURE <u>G. B. MacCreedy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff</u> ADDRESS <u>Funeral Home Chaffee</u>	

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

100
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RECEIVED

District Health Office No. 2

District File Number 649-667

Date Filed 6-13-49

649-667

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Jack J. Burnett

Signed.....
Student Embalmer

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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