S. No. 300
. 10-48

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37257

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4582

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeside Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland Park
d. STREET ADDRESS (If rural, give location): 5301 West 77th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Mae
c. (Last): Frazier

4. DATE OF DEATH (Month) (Day) (Year): October 25 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 13, 1878
9. AGE (In years last birthday): 71 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dayton Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: William E Day
13b. MOTHER'S MAIDEN NAME: Martha Bates
14. NAME OF HUSBAND OR WIFE: James M Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs A. W. Parks, Overland Park.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) CARDIAC DECOMPENSATION — 6 WEEK
DUE TO (c) DROPSY — 6 WEEKS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* SENILITY

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19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20, 1948, *to* 10-25, 1949, *that I last saw the deceased alive on* 10-25, 1949, *and that death occurred at* 6 Pm *m., from the causes and on the date stated above.*

23a. SIGNATURE Chas. A. Schwab (Degree or title): Dr. Chas. A. Schwab D.O.
23b. ADDRESS: Overland Park Kans
23c. DATE SIGNED: 10/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 27, 1949
24c. NAME OF CEMETERY OR CREMATORY: Forrest Hill
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 10-27-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. Royce Hoge Overland Park Ks

(Licensed Embalmer's Statement 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.

Signed J. Royce Hogg

Signed _____
Student Embalmer

Licensed Embalmer No. 8579

P. O. Address Overland Park Ks

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.