

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13864**

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) Hillsboro		c. LENGTH OF STAY (in this place) 11 mos	c. CITY (If outside corporate limits, write RURAL and give township) Festus		
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home			d. STREET ADDRESS (If rural, give location) 503		

3. NAME OF DECEASED (Type or Print) a. (First) EFFIE b. (Middle) M. c. (Last) FRAZIER			4. DATE OF DEATH (Month) (Day) (Year) 12-28-49		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 11-23-1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 1 Days 5	IF UNDER 24 HRS. Hours Min.
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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) Hillsboro Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank Boughton		13b. MOTHER'S MAIDEN NAME Ellen Moss	14. NAME OF HUSBAND OR WIFE Richard A. Frazier		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) 		16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blanche Nuel Festus Mo		
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive, arteriosclerotic heart disease with myocarditis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerotic DUE TO (c) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 weeks 4 weeks 1 week
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral thrombosis with left hemiplegia.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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) 4401	
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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?		
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22. I hereby certify that I attended the deceased from **January 1948**, to **Dec. 28, 1949**, that I last saw the deceased alive on **Dec. 27, 1949**, and that death occurred at **9:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.		23b. ADDRESS Desoto, Mo.		23c. DATE SIGNED 1-6-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-31-49	24c. NAME OF CEMETERY OR CREMATORY Hillsboro Cemetery	24d. LOCATION (City, town, or county) (State) Hillsboro Mo	
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DATE REC'D BY LOCAL REG. 1-9-50	REGISTRAR'S SIGNATURE Kalbert Murakent		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jinks Funeral Parlor Festus Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 1-16-50

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 Eleanore Province

Licensed Embalmer No. 3403

P. O. Address Festus 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 this body is not embalmed, fact should be so stated above.