

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16131

BIRTH NO.		REG. DIST. NO. 59	PRIMARY REG. DIST. NO. 4103	Registrar's No. 79
1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cleveland mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cleveland mo</u> <u>190</u>		
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED a. (First) <u>CHARLES</u> (Type or Print)		b. (Middle) <u>W.</u>		c. (Last) <u>FRAZEE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May 27-1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 17-1869</u>	9. AGE (In years last birthday) <u>80</u> UNDER 1 YEAR: Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTH PLACE (State or foreign country) <u>MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>George Frazee</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Earp</u>		14. NAME OF HUSBAND OR WIFE <u>Liza Frazee</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Hooten</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>UREMIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>NEPHROSCLEROSIS</u> DUE TO (c) <u>ARTERIOSCLEROSIS, GENERALIZED</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GANGRENE, LEFT FOOT</u>		
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		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) <u>CLEVELAND, CASS, MISSOURI</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>24 hr. X</u>
22. I hereby certify that I attended the deceased from <u>MARCH 10, 1949</u> , to <u>MAY 27, 1950</u> , that I last saw the deceased alive on <u>MAY 26, 1950</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Herbert A. Tracy</u>		23b. ADDRESS <u>BELTON Mo.</u>		23c. DATE SIGNED <u>5/28/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 29-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cem</u>
24d. LOCATION (City, town, or county) (State) <u>2 miles north Cleveland mo.</u>				
DATE REC'D BY LOCAL REG. <u>May 29, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u>
				ADDRESS <u>Cleveland mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

190

RECEIVED
JUN 3 1950
CASS COUNTY
HEALTH DEPARTMENT

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 Geo. E. Myers
Licensed Embalmer No. 25717
P. O. Address Cleveland 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.