S. No. 300
v. 10.48

0581

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

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34061

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 392

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (in this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Booker

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline 0581
d. STREET ADDRESS (If rural, give location): 613 E Santa Fe

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

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9 1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 4 1926
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 2, Days 5 — 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: housewife
11. BIRTHPLACE (State or foreign country): Marceline Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William F Fisherr
13b. MOTHER'S MAIDEN NAME: Mable Baer
14. NAME OF HUSBAND OR WIFE: Fred A Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Fred A Frazier Marceline Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Carcinoma Brain — INTERVAL BETWEEN ONSET AND DEATH

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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) 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* May, 1950, *to* Oct, 1950, *that I last saw the deceased alive on* Oct 9, 1950, *and that death occurred at* 9:45 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gene Malone DO
23b. ADDRESS: Marceline Mo
23c. DATE SIGNED: 10/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 11 1950
24c. NAME OF CEMETERY OR CREMATORY: Roselawn
24d. LOCATION (City, town, or county) (State): Marceline Mo.

DATE REC'D BY LOCAL REG.: Oct 11, 1950
REGISTRAR'S SIGNATURE: Mary Jane Owens
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: James M Ramey Marceline

(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 19 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-1769
Date Filed: OCT 26 1950

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 Francis L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Maryville 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.