

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36101

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3000 Registrar's No. 112

|                                                                         |  |                                                                                                                                           |  |
|-------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bates</u>                             |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> |  |
| b. CITY OR TOWN <u>Butler</u>                                           |  | c. CITY OR TOWN <u>Butler</u>                                                                                                             |  |
| c. LENGTH OF STAY (In this place) <u>life</u>                           |  | d. STREET ADDRESS (If rural, give location) <u>S. Main</u>                                                                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u> |  |                                                                                                                                           |  |

|                                     |                          |                           |                         |                                                           |
|-------------------------------------|--------------------------|---------------------------|-------------------------|-----------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Walter</u> | b. (Middle) <u>Frazer</u> | c. (Last) <u>Daniel</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1950</u> |
|-------------------------------------|--------------------------|---------------------------|-------------------------|-----------------------------------------------------------|

|                    |                               |                                                                      |                                       |                                                                                                     |
|--------------------|-------------------------------|----------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Oct. 10, 1913</u> | 9. AGE (In years last birthday) Months Days IF UNDER 1 YEAR Hours Min. <u>37</u> <u>1</u> <u>23</u> |
|--------------------|-------------------------------|----------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|

|                                                                                                             |                                                 |                                                                   |                                            |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u> | 11. BIRTHPLACE (State or foreign country) <u>Butler, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------|

|                                        |                                                |                                           |
|----------------------------------------|------------------------------------------------|-------------------------------------------|
| 13a. FATHER'S NAME <u>Frank Daniel</u> | 13b. MOTHER'S MAIDEN NAME <u>Gertie Frazer</u> | 14. NAME OF HUSBAND OR WIFE <u>Single</u> |
|----------------------------------------|------------------------------------------------|-------------------------------------------|

|                                                                                                                                  |                                            |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes</u> <u>W.W.II</u> | 16. SOCIAL SECURITY NO. <u>493-12-5572</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Daniel Butler, Mo.</u> |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                        |  |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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                                                                                                                                                                                  |  | INTERVAL BETWEEN ONSET AND DEATH |
|                                                                                                                                                                                                                                 | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u>                                                                                                                           |  |                                  |
|                                                                                                                                                                                                                                 | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Concussion: Brain</u><br>DUE TO (c) <u>Atelectasis Rt. Lung</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                             |                                                                                                                                                                                                        |  |                                  |

|                        |                                  |                                                                                  |
|------------------------|----------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|----------------------------------------------------------------------------------|

|                                                          |                                                                                                         |                                                                                  |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>North of Butler Bates Mo.</u> |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

|                                                                           |                                                                                                                   |                                                       |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 2 1950 5:30 PM</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Ran car off Highway</u> |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|

22. I hereby certify that I attended the deceased from Dec 2, 1950, to Dec 3, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

|                                                             |                                |                                 |
|-------------------------------------------------------------|--------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Carter N. Lutes, MD</u> | 23b. ADDRESS <u>Butler, Mo</u> | 23c. DATE SIGNED <u>12/4/50</u> |
|-------------------------------------------------------------|--------------------------------|---------------------------------|

|                                                         |                            |                                                            |                                                                  |
|---------------------------------------------------------|----------------------------|------------------------------------------------------------|------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-5-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u> |
|---------------------------------------------------------|----------------------------|------------------------------------------------------------|------------------------------------------------------------------|

|                                            |                                             |                                                                             |
|--------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>Dec 5 1950</u> | REGISTRAR'S SIGNATURE <u>Randal K. King</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Culow-Underwood Butler, Mo.</u> |
|--------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------|

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

1071

RECEIVED <sup>12/11/50</sup>

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12/11/50

DEC 13 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Robert G. Steinbreck

Signed.....  
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Bufile, MS.

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.