

THE DIVISION OF HEALTH OF MISSOURI

FILED JUN 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15561

BIRTH NO. _____		REG. DIST. NO. 30		PRIMARY REG. DIST. NO. 5105		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY BENTON				2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission) a. STATE Missouri b. COUNTY Benton			
b. CITY OR TOWN Forthview Union Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forthview 0090			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print)		a. (First) GEORGE		b. (Middle) EARL		c. (Last) FRAZEE	
4. DATE OF DEATH		(Month) MAY		(Day) 27		(Year) 1951	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH July 22, 1910	
9. AGE (In years last birthday) 40		If Under 1 Year Months 8		If Under 12 Hrs. Days 5		If Under 12 Hrs. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY General store		11. BIRTHPLACE (State or foreign country) Malta Bend, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Frazee		13b. MOTHER'S MAIDEN NAME Bessie		14. NAME OF HUSBAND OR WIFE unknown		14. NAME OF HUSBAND OR WIFE Alberta Cramer Frazee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 492-14-4693		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alberta Frazee,		ADDRESS 3110 Benton, Kansas City, Mo	
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) Accidentally Drowning		INTERVAL BETWEEN ONSET AND DEATH 35 1/2					
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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: Autopsy water in lungs				20. AUTOPSY? 008 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake of Ozark		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Forthview Benton Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-27-51 4:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidentally fell out of boat			
22. I hereby certify that I attended the deceased from never , 19__ to never , 19__, that I last saw the deceased alive on never , 19__, and that death occurred at 4:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. W. Morland, M.D. Coroner				23b. ADDRESS Cale Camp, Mo.		23c. DATE SIGNED 5-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/31/51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. May 30 1951		REGISTRAR'S SIGNATURE Gas. A. Logan		25. FUNERAL DIRECTOR'S SIGNATURE Thomas E. Brown		ADDRESS Sedalia, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-5-51

JUN 7 1951

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

R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.