

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30236**

FILED SEP 29 1951

Registrar's No. **3909**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3909</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS City</b>		c. LENGTH OF STAY (in this place) <b>2 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS City</b>		d. STREET ADDRESS (If rural, give location) <b>5112 Peery</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MENORAH Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5112 Peery</b>			
3. NAME OF DECEASED a. (First) <b>Della</b>		b. (Middle) <b>A</b>		c. (Last) <b>Frazier</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-12-51</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH <b>10-12-1868</b>	
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Richmond VA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (State or foreign country) <b>Richmond VA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Geo McCoy</b>		13b. MOTHER'S MAIDEN NAME <b>MARY Thomas</b>		14. NAME OF HUSBAND OR WIFE <b>John R Frazier (Dec)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Helen M Smith, R-C Mo</b>			
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.		18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Cardio-Vasc. Disease to decomp.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>331*</b>	
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)		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>8/28/51</b> to <b>9/12/51</b> , that I last saw the deceased alive on <b>9/12/51</b> , and that death occurred at <b>7:45 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Harold Passman</b> (Degree or title)				23b. ADDRESS <b>4400 Park Blvd</b>		23c. DATE SIGNED <b>9/13/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9-14-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. Washington</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS City Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-13-51</b>		REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. C. Barron Independence Mo</b>			

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

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. G. Carson*

Licensed Embalmer No. 2249

P. O. Address *Independence*

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.