

No. 300
10.48

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3024

State File No.

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4303 Registrar's No. 10

590
1

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mooreville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mooreville</u>	
c. LENGTH OF STAY (in this place township) <u>38 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u>	b. (Middle)	c. (Last) <u>Frazier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 14, 1874</u>	9. AGE (In years last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>1/2 mi. E. Sampsel, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>1/2 mi. E. Sampsel, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Henry Huston Frazier</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Walker</u>	14. NAME OF HUSBAND OR WIFE <u>[Redacted]</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Luther Janson</u>	ADDRESS <u>Chillicothe, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Choking caught in fire</u> DUE TO (c) <u>+ duress burned to death</u>		INTERVAL BETWEEN ONSET AND DEATH
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 <u>E 9160 - 159 16</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SURFING HOMIGIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Accident in home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Mooreville Livingston, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-26-52</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>by slipping over a log</u>

22. I hereby certify that I attended the deceased from March 19 1952, that I last saw the deceased alive on March 19 1952, and that death occurred at 8:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. M. Russell</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>3/25/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mooreville</u>	24d. LOCATION (City, town, or county) (State) <u>Mooreville, Liv. Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-1-52</u>	REGISTRAR'S SIGNATURE <u>Lester A. Cowing</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman J. Jansen</u>	ADDRESS <u>Chillicothe, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

MAR 5

1954

SEP 8 1953

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 Emmett Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, 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.