

FILED MAY 7- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13830

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6962 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Marshall	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0830	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print) a. (First) Addie b. (Middle) G c. (Last) Fraizer			4. DATE OF DEATH 4-29-52 (Month) (Day) (Year)		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never Married	
8. DATE OF BIRTH Sep. 8, 1883		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Platte Co. Missouri	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Issac H Fraizer		13b. MOTHER'S MAIDEN NAME Margaret Barry		14. NAME OF HUSBAND OR WIFE xx	
---	--	---	--	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Fraizer Rushville, Mo.	
--	--	-------------------------------------	--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		DUE TO (b) Arteriosclerosis					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 H201				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) (Min)		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 **April 29, 1952**, to **April 29, 1952**, that I last saw the deceased alive on **April 29, 1952**, and that death occurred at **8:30a m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) D.O.		23b. ADDRESS Weston, Mo		23c. DATE SIGNED 4-30-52	
---	--	--------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-2-52		24c. NAME OF CEMETERY OR CREMATORY. Sugar Creek Cem.		24d. LOCATION (City, town, or county) (State) Buchanan Co. Mo.	
---	--	-------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 6-1-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VAN CEN FUNERAL HOME WESTON, MO.	
--	--	--	--	--	--

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

830
1

AUG 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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston 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.