

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16465**
2383

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> <u>3098</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>9</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>49 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>H12 So. Gladstone</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp. "HARRISON"</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>T.</u>	c. (Last) <u>FRAZIER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1952</u>
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5. SEX <u>MALE</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 23 - 1876</u>	9. AGE (In years; last birthday) <u>75</u>	10. UNDER 1 YEAR (Months) <u>-</u>	11. UNDER 24 HRS. (Days) <u>-</u>	12. UNDER 2 HRS. (Hours) <u>-</u>	13. UNDER 15 MIN. (Min.) <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PARK DEPT. EMPLOYEE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. PARK, DEPT.</u>	11. BIRTHPLACE (State or foreign country) <u>CAIDWELL CO. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE FRAZIER</u>	13b. MOTHER'S MAIDEN NAME <u>JUSTINA PITTS</u>	14. NAME OF HUSBAND OR WIFE <u>MAUD FRAZIER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>486-01-1784</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy FULTON</u>	ADDRESS <u>412 Gladstone K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>5 yrs</u> <u>Hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u>		
	DUE TO (c) <u>popliteal Embolism</u>		
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) (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 Jan 1952, to May 23, 1952, that I last saw the deceased alive on May 22, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. W. Thompson</u> (Degree or title) <u>DO.</u>	23b. ADDRESS <u>705 Bryant Bldg</u>	23c. DATE SIGNED <u>5/23/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAL</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>5-26-52</u>	REGISTRAR'S SIGNATURE <u>S. Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackeman & Son Inc.</u>	ADDRESS <u>K.C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Kansas City, 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.