

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32093**

FILED SEP 22 1952

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5796 Registrar's No. 42

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY OR TOWN RURAL VALLE TWP c. LENGTH OF STAY (in this place) YRS.		c. CITY OR TOWN RURAL VALLE TWP.	
d. FULL NAME OF HOSPITAL OR INSTITUTION VALLESMINES		d. STREET ADDRESS (If rural, give location) VALLESMINES 0500	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WESLEY c. (Last) FRAZIER			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 6, 1952		
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 24, 1881	9. AGE (In years) (Month) (Days) 71 7 12	10. IF UNDER 18: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY V	11. BIRTHPLACE (State or foreign country) VALLESMINES Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME PETER B FRAZIER	14. MOTHER'S MAIDEN NAME SUSAN BURNS	15. NAME OF HUSBAND OR WIFE EMMA BELLE FRAZIER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME EMMA BELLE FRAZIER	18. ADDRESS VALLESMINES Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), add (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		INTERVAL BETWEEN ONSET AND DEATH Week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, arteriosclerosis 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 9-6-52, 1952, to 9-6-, 1952; that I last saw the deceased alive on 9-6, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. E. Pierce D.O.	23b. ADDRESS De Soto Mo.	23c. DATE SIGNED 9-9-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 9, 1952	24c. NAME OF CEMETERY OR CREMATORY FRAZIER	24d. LOCATION (City, town, or county) (State) VALLESMINES Mo
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DATE REC'D BY LOCAL REG. 9-10-52	REGISTRAR'S SIGNATURE Marie Harris	25. FUNERAL DIRECTOR'S SIGNATURE Bertram Tuller	ADDRESS Boone, Mo.
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DATE RECEIVED SEP 17 1962

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

OCT 2

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 *Clarence J. Playwell*

Licensed Embalmer No. *3764*

P. O. Address *Bonnettsville 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.