

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35635**

FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MACON	
b. CITY OR TOWN MACON (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN MACON (If outside corporate limits, write RURAL and give township) 0611	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) 215 GOGGIN ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION SAMARATIAN HOSPITAL (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) E.	c. (Last) FRAZIER	4. DATE OF DEATH (Month) (Day) (Year) OCT. 16 1952
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5. SEX female	6. COLOR OR RACE cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 7, 1872	9. AGE (In years, months, days) (If under 1 year, specify) 80 10 7	IF UNDER 1 YEAR: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Macon county U	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME HENRY BRAMMER	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased
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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. _____	17. INFORMANT'S SIGNATURE OR NAME WILLARD W. FRAZIER ADDRESS MACON, MO.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH See nos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis with Decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4222	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)
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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?
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22. I hereby certify that I attended the deceased from June 30, 1952, to Oct 17, 1952, that I last saw the deceased alive on Oct 17, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Howard Miller MD (Degree or title)	23b. ADDRESS Macon	23c. DATE SIGNED 10/20/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 20, 52	24c. NAME OF CEMETERY OR CREMATORY WOODLAWN	24d. LOCATION (City, town, or county) (State) MACON MO.
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DATE REC'D BY LOCAL REG. 10/30/52	REGISTRAR'S SIGNATURE Ruth McNeely '85	25. FUNERAL DIRECTOR'S SIGNATURE Albert Krizner ADDRESS Macon MO
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

6110

RECEIVED 11.10.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 11.52.171
Date Filed 11.11.52

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 Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Macon, 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.