

FILED DEC 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

42268

5348

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city mo</u>		c. LENGTH OF STAY (If this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forest City, Mo</u>		0440			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3636 Michigan</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>M Henry</u>			a. (First)		b. (Middle)		c. (Last) <u>Frazier</u>		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
<u>12-7-1952</u>		<u>12</u>		<u>7</u>		<u>1952</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH			
<u>widowed</u>		<u>widowed</u>		<u>3-30-1874</u>		9. AGE (In years last birthday) <u>78</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?			
<u>Retired</u>		<u>Farmer</u>		<u>Kansas</u>		<u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Frazier</u>			13b. MOTHER'S MAIDEN NAME <u>Bernelia Dawson</u>			14. NAME OF HUSBAND OR WIFE <u>Maudie Frazier</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
<u>no</u>		<u>no</u>		<u>Clarence Anderson, 3636 Michigan</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>				DUE TO (b) _____				DUE TO (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.				ANTECEDENT CAUSES				DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				DUE TO (b) _____	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (b) _____	
<u>NONE</u>				DUE TO (c) _____				DUE TO (b) _____	
19a. DATE OF OPERATION <u>Aug 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach</u>				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)			
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 <u>Aug</u> , 1952, to <u>Dec 4</u> , 1952, that I last saw the deceased alive on <u>Aug 6</u> , 1952, and that death occurred at <u>11:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. H. Cochrane</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>315 Alameda Rd.</u>		23c. DATE SIGNED <u>12/8/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest city mo</u>		24d. LOCATION (City, town, or county) (State) <u>Forest City Holt Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-8-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France W. Ornell Funeral Home</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1958

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 Russell W. Fran

Licensed Embalmer No. 4255

P. O. Address. H. C. W.

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.