

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9211

State File No.

BIRTH NO. FILED APR 12 1954 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Johnson County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Warrensburg</u>	c. LENGTH OF STAY (In this place) <u>2 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellington - Rural</u> <u>6540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nace Rest Home, 124 Market</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles N.W. of Wellington, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Frazier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 16, 1872</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u>	11. BIRTHPLACE (State or foreign country) <u>Lafayette Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>George W. Frazier</u>	13b. MOTHER'S MAIDEN NAME <u>No record</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie D. Frazier</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond A. Frazier, 8407 Highland</u> ADDRESS <u>Kansas City, Missouri</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chr. myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Warrensburg</u> (COUNTY) <u>Johnson</u> (STATE) <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>

22. I hereby certify that I attended the deceased from Jan 7, 1954, to March 12, 1954, that I last saw the deceased alive on May 12, 1954, and that death occurred at 3:18 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. C. Sheppard</u> (Degree or title)	23b. ADDRESS <u>1477 - 0</u>	23c. DATE SIGNED <u>Mar 13 - 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 14, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>
24d. LOCATION (City, town, or county) <u>Wellington, Missouri</u>		(State) <u> </u>

DATE REC'D BY LOCAL REG. <u>Mar. 31, 1954</u>	REGISTRAR'S SIGNATURE <u>Saannah C. Mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Sheppard</u> ADDRESS <u>Wellington, Missouri</u>
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PLEASE PRINT - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

RECEIVED
APR 5 1954
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

J. Blair Sheppard

Licensed Embalmer No. *4179*

P. O. Address *Wellington, 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.