

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10934  
12

State File No. ....

1050

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

FILED MAR 22 1954 REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 43-15 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROXA</u> b. (Middle) <u>EVELYN</u> c. (Last) <u>FRAZIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 10 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC 15 1899</u>
9. AGE (In years last birthday) <u>64</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>GEORGE W VAUGHN</u>		13b. MOTHER'S MARDEN NAME <u>RHODA WHEELER LUM-RILEY FRAZIER</u>	
13c. NAME OF HUSBAND OR WIFE		14. NAME OF HUSBAND OR WIFE <u>WALTER RILEY FRAZIER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry Trayer</u>		ADDRESS <u>Milan</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cerebral thrombosis</u>	
DUE TO (c) <u>Hypertensive heart disease</u>		<u>15 mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</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>10-23, 1950</u> , to <u>3-10, 1954</u> , that I last saw the deceased alive on <u>3-10, 1954</u> , and that death occurred at <u>8:20 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph E. Proctor, D.O.</u>		23b. ADDRESS <u>217 E. Second St., Milan, Mo.</u>	
23c. DATE SIGNED <u>3-12-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-12-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Campbell</u>		24d. LOCATION (City, town, or county) (State) <u>Pollock Mo</u>	
DATE REC'D BY LOCAL REG. <u>March 15, 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James Thomas Lewis</u>		ADDRESS <u>Milan</u>	

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



Licensed Embalmer No.

3792

P. O. Address

Milan, 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.