

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41479

FILED DEC 21 1954

State File No. 5581

Registrar's No. 575

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AirPort Drive - Galena Twpshp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction, Missouri 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 Miles North of Joplin, Mo. on North Main Street Road		d. STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Richard	c. (Last) Fraizer	4. DATE OF DEATH (Month) (Day) (Year) Dec. 2nd, 1954
-------------------------------------	--------------------	---------------------	-------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 19th, 1924	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months 0	IF UNDER 4 HRS. Hours 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY self-employed		11. BIRTHPLACE (State or foreign country) Carl Junction, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Andrew Fraizer	13b. MOTHER'S MAIDEN NAME Gladys Newby	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II	16. SOCIAL SECURITY NO. 196 20 3287	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gladys Fraizer, Pl. Carl Junction, Mo	ADDRESS
---	-------------------------------------	--	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ericcution of Brain with Fractally Disturbance		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Complete decapitation		
	DUE TO (c) ER!!!		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3 Miles North of Joplin, Mo. Galena	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Mo
---	--	--

21d. TIME OF INJURY 11-2-57 11:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? DRIVING AT EXCESSIVE SPEED RUNNING THRU STOP LIGHT OUT OF CONTROL CROSSED ROAD STRUCK TRUCK
-----------------------------------	---	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED 12-8-54
--	--------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/5/54	24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri
--	-------------------	---	---

DATE REC'D BY LOCAL REG. 12-15-54	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE _____	ADDRESS _____
-----------------------------------	-----------------------------	--	---------------

Date Filed **DEC 20 1954**

MAY 24 1955

**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 Harvey E. Lane

Licensed Embalmer No. 4463

P. O. Address 1234 City St

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.