No. 300
10.48

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

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11714

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5548 Registrar's No. 16

0450 1

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Prairie Twp.
c. LENGTH OF STAY (In this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. R. #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN: Fayette
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): R. R. #3

0450

3. NAME OF DECEASED (Type or Print)
a. (First): Allen
b. (Middle): Baker
c. (Last): Frazier

4. DATE OF DEATH (Month) (Day) (Year): Mar. 31, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 16, 1906
9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months: 1 Days: 15
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and State or Foreign Country): Payson, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Oscar Frazier
13b. MOTHER'S MAIDEN NAME: Mona Funk
14. NAME OF HUSBAND OR WIFE: Ruth Annie Sullivan

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.: 446-14-2813
17. INFORMANT'S SIGNATURE OR NAME: Mrs A. B. Frazier
ADDRESS: Fayette, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractures, multiple; neck — 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) Chest, lumbar spine,
DUE TO (c) left thigh — Immediate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E9121.3

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Prairie Twsp.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Howard (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 31 1955 4:00 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Crushed when tractor turned over on him

22. *I hereby certify that I attended the deceased from* March 31, 1955, *to* Only, 19___, *that I last saw the deceased alive on* No, 19___, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Francis D. Dem
(Degree or title): M. D.
23b. ADDRESS: Fayette, Mo
23c. DATE SIGNED: 4-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/1/55
24c. NAME OF CEMETERY OR CREMATORY: Meeker Cemetery
24d. LOCATION (City, town, or county) (State): Meeker, Oklahoma

DATE REC'D BY LOCAL REG. Apr. 18, 1955
REGISTRAR'S SIGNATURE: Walker Audsley
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph A. Carr
ADDRESS: Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~employ~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 33

P. O. Address Fayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.