

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16356**
2249

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (in this place) 15 yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1414 Locust		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		
		d. STREET ADDRESS (If rural, give location) 1414 LOCUST 3210		
3. NAME OF DECEASED (Type or Print)		a. (First) GEORGE	b. (Middle) RAYMOND	c. (Last) FRAZIER
4. DATE OF DEATH		(Month) 5 (Day) 22 (Year) 56		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIV		8. DATE OF BIRTH MAR 2 1887
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant helper.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NORTON COUNTY KANS
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME W M H FRAZIER		13b. MOTHER'S MAIDEN NAME JENETTE HOPPER		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) NO		16. SOCIAL SECURITY NO. 496-01-9841-A		17. INFORMANT'S SIGNATURE OR NAME George Raymond Frazier ADDRESS KCMo
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) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH		
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUE TO (b) far advanced emphysema & fibrosis		
		DUE TO (c)		
		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)		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) m.		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 _____, 19____, to _____, 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 H. L. Dwyer (Degree or title)		23b. ADDRESS Mo Health Office - Kansas City Mo		23c. DATE SIGNED 5-23-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE May 24th 1956		24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory
24d. LOCATION (City, town, & county) (State) Kansas City Missouri				
DATE REC'D BY LOCAL REG. 5-23-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster ADDRESS Funeral Home Kas. City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Forrest D. Coldenow

Licensed Embalmer No. 4714

P. O. Address K. C. 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.