

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30308

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Union Twp.</u>)		c. CITY OR TOWN <u>Campbell</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Campbell, Mo. Route 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLIE</u> b. (Middle) _____ c. (Last) <u>FRAZIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug. 5 1889</u>		9. AGE (In years last birthday) <u>67</u>		10. # UNDER 1 YEAR <u>1</u> # UNDER 6 MONTHS <u>10</u> # UNDER 3 MONTHS _____ # UNDER 15 DAYS _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Martin Mills, Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Ed Frazier</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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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>Dalton Frazier Campbell</u> ADDRESS <u>Missouri</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Flail Chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Being thrown from truck and</u> DUE TO (c) <u>crushed underneath.</u>			
		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"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway 53</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Campbell Rt. 1</u> (COUNTY) <u>Dunklin</u> (STATE) <u>Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 15 56:25P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Thrown from truck & crushed under-</u>	
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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 5:30p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Quinton Tarver, M.D.</u> (Print or Title)		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>9-19-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 17 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Four Mile Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Campbell, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>9-20-1956</u>		REGISTRAR'S SIGNATURE <u>Miss Beulah Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u> ADDRESS <u>Campbell, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0350

0350

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-34-52

COUNTY FILE NUMBER 952-38

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.....
Signature of Student Embalmer

Signed Christina M. Lenders

Licensed Embalmer No. 422

P. O. Address Campbell

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.