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STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34534

FILED NOV 7 - 1956

Registration District No. 155 Primary Registration District No. 5576 Registrar's No. 149

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, give TOWNSHIP only) OR TOWN Rural-Duval Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN RURAL Jasper 0490		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RT#2 JASPER		Length of stay in 1b LIFE	d. STREET ADDRESS (If outside, give location) RT#2 JASPER		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle D Last FRAZIER			4. DATE OF DEATH Month OCTOBER Day 27 Year 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUGUST 23, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 2 Days 4 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) JASPER COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME AL OSBORN			14. MOTHER'S MAIDEN NAME LIDA SAMPLES		
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. 486-32-8970	17. INFORMANT SILAS B. FRAZIER Address RT#2 JASPER, MO		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 4222					INTERVAL BETWEEN ONSET AND DEATH 30 Min. Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 5/10/56 to 10/27/56 and last saw her alive on 10/26/56 Death occurred at 12:50 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D.O. 2			22b. ADDRESS Alba, Mo.		22c. DATE SIGNED 10/29/56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-30-1956	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) SPRINGFIELD MO	
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME & EBB CITY, MO		25. DATE RECD. BY LOCAL REG. 10-29-56	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Cause cannot certify to a death due to natural causes.

By File Number
to Filed NOV 56-11-85-4
1956

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 Richard Gray Lewis

Licensed Embalmer No. 446

P. O. Address Wab. Ci.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING.
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.