

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40968**

FILED DEC 31 1956

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **167**

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. LENGTH OF STAY (in this place) 2 Weeks	c. CITY OR TOWN Boonville
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		STREET ADDRESS (If rural, give location) 209 Third St.	
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) E.	
		c. (Last) Frazier.	
		4. DATE OF DEATH (Month) (Day) (Year) December 26 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27 1891
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Clothing	11. BIRTHPLACE (City and State or Foreign Country) New Florence, Missouri.
13a. FATHER'S NAME John Frazier		13b. MOTHER'S MAIDEN NAME Elizabeth LaRose	14. NAME OF HUSBAND OR WIFE Laura Broderson Frazier.
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. 487-07-1696	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Laura Frazier, Boonville, 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) Carcinoma of gallbladder with metastasis to regional lymph nodes and liver ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Cholecystitis, chronic, with cholelithiasis Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 8 mos.		INTERVAL BETWEEN ONSET AND DEATH 8 mos.	
19a. DATE OF OPERATION 12-17-56	19b. MAJOR FINDINGS OF OPERATION As stated in questions 1 and 2.		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) (Min.)	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 4-20-56 , 19 56 , to 12-26 , 19 56 , that I last saw the deceased alive on 12-26 , 19 56 , and that death occurred at 9:15 P. m., from the causes and on the date stated above.			
23a. SIGNATURE J. A. Hoover, M.D. (Degree or title)		23b. ADDRESS 329 Main Boonville, Mo.	23c. DATE SIGNED 12-27-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 28 1956	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville, Missouri.
DATE REC'D BY LOCAL REG. 12/28/56	REGISTRAR'S SIGNATURE J. A. Hoover	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller Boonville, Mo.	

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 *William W. Wood*.....

Licensed Embalmer No. *4539*.....

P. O. Address *Boonville,*..

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.