

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **13690**

FILED APR 24 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>JEFF.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HILLSBORO</u>		c. LENGTH OF STAY (in this place) <u>57 DAYS</u>	c. CITY OR TOWN <u>HILLSBORO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>CEDAR GROVE NURSING HOME</u>			e. STREET ADDRESS (If rural, give location) <u>0500</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) <u>WEBSTER</u> c. (Last) <u>FRAZIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 12 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>UNK.</u>	9. AGE (In years last birthday) <u>ABOUT 81</u>	If UNDER 1 YEAR: Months _____ Days _____ If OVER 1 YEAR: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>HILLSBORO, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>SULLIVAN FRAZIER</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA LANHAM</u>		14. NAME OF HUSBAND OR WIFE <u>UNK.</u>	
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>449-03-6260</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norval Frazier, Steelville, Missouri</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Left Parotid</u>			ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1421</u>		20. AUTOPSY? <u>2</u> 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)		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 2-15-1957 to 4-12-1957, that I last saw the deceased alive on 4-11-1957, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Drake MD</u>		23b. ADDRESS <u>3606 Gravois St. Louis Mo</u>		23c. DATE SIGNED <u>4-13-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 15 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILLSBORO</u>	
24d. LOCATION (City, town, or county) (State) <u>HILLSBORO Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orlita Burdick, Reg</u>		ADDRESS <u>Donnell B. Dietrich, Dept Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-15-57</u>		REGISTRAR'S SIGNATURE <u>Orlita Burdick, Reg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Dietrich, Dept Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

APR 22 1957

APR 30 1957

AUG 28 1957

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... *Samuel B. Dittler*

Licensed Embalmer No... 4104

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