

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 21 1959

59-028064

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5041 Registrar's No. 65

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Barry</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Flatcreek Twp;</b>		a. STATE <b>Missouri</b> COUNTY <b>Barry</b>		c. CITY OR TOWN <b>Cassville</b>	
Length of stay in 1b <b>years</b>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cassville</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>RHODA</b> Middle <b>Jane</b> Last <b>FRAZIER</b>				4. DATE OF DEATH Month <b>AUGUST</b> Day <b>5</b> Year <b>1959</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-17-1906</b>	9. AGE (last birthday) <b>53</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and state or country) <b>Barry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Thomas Jefferson Russell</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy C. Finney</b>		14. NAME OF HUSBAND OR WIFE <b>Theo Frazier</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Leo Stroud-Rogers, Arkansas</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <b>10 HRS.</b>	
IMMEDIATE CAUSE (a) <b>APOPLEXY</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>7:05</b> Month, Day, Year <b>8-4-59</b>		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 <b>8-4-59</b> to <b>8-5-59</b> and last saw her <b>alive</b> on <b>8-5-59</b> Death occurred at <b>7:05 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>L. N. Johnson D.O.</b>				22b. ADDRESS <b>CASSVILLE, MISSOURI</b>		22c. DATE SIGNED <b>8/5/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-8-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Russell Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Barry County, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Culver's Cassville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>8-11-59</b>		26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Margaret C. Henben

Licensed Embalmer No. 4389

P. O. Address Cassville

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.