

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002160

FILED VS FEB 11 1960

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 25 STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		Length of stay in 1b		c. CITY OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Jail 400 E. 4th</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>416 W. 9th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>DONALD</u> Middle <u>FRANCIS</u> Last <u>FRAZIER</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>3</u> Year <u>1960</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>8-12-1911</u>		9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>bartender</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>tavern</u>			11. BIRTHPLACE (City and state or country) <u>Galena, Kansas</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Sam Frazier</u>				13b. MOTHER'S MAIDEN NAME <u>Mollie Ziegler</u>				14. NAME OF HUSBAND OR WIFE <u>none</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>unknown</u>		17. INFORMANT Address <u>Seslie Frazier, Galena, Kns</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation</u>										INTERVAL BETWEEN ONSET AND DEATH <u>5 m</u>			
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 checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>tied rope around throat</u>									
20c. TIME OF INJURY Hour <u>4:30</u> Month, Day, Year <u>2-3-60</u> p.m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>county jail</u>		20f. CITY, TOWN, OR LOCATION <u>Carthage</u>		COUNTY <u>Jasper Mo.</u>		STATE					
21. I attended the deceased from <u>2-3-60</u> to <u>2-3-60</u> and last saw him alive on <u>2-3-60</u> Death occurred at <u>9:35</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Richard R. Coble, M.D.</u>				22b. ADDRESS <u>116 W. 3rd Carthage, Mo.</u>				22c. DATE SIGNED <u>2-4-60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>2-4-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lowell Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cherokee County, Kansas</u>							
24. FUNERAL DIRECTOR ADDRESS <u>KNELL MORTUARY Carthage, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>2-4-60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>							

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank W. Krell

Licensed Embalmer No. 4440
P. O. Address Carthage 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.