

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4369

-62-030987

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 10 1962

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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BY AFFIDAVIT OF

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                           |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>   |   | c. CITY OR TOWN <b>Kansas City</b>   |   |
| Length of stay in 1b <b>56 Years</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>220 West 73rd Terrace</b>   |   | d. STREET ADDRESS (If outside, give location) <b>220 West 73rd Terrace</b>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>WILLIAM</b> Middle <b>H.</b> Last <b>FRAZELL JR.</b>   |   | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>23</b> Year <b>1962</b>   |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <b>8-14-1878</b>                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Secretary - Parke-McCrory Co.</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Harvard, Nebraska</b>   | 11. BIRTHPLACE (City and state or country) <b>U. S. A.</b>    |
| 13a. FATHER'S NAME <b>William H. Frazell</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Mary E. Speck</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 <b>Mrs. Elizabeth Frazell, K. C. Mo.</b>   |   | Address _____  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Dissecting abdominal aortic aneurysm 48 hours with rupture</b>  |   | INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 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.<br><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 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 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>August 21-62</b> to <b>August 23-62</b> and last saw him alive on <b>August 22, 1962</b><br>Death occurred at <b>6:30 P</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22a. SIGNATURE <b>Lyle G. Willis M.D.</b> (Degree or title) _____  |   |
| 22b. ADDRESS <b>1103 Grand Avenue</b>  |   | 22c. DATE SIGNED <b>8/24/62</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>8-25-62</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>   | 23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b> |
| 24. FUNERAL DIRECTOR <b>Freeman Mortuary</b> ADDRESS <b>Kansas City, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG. <b>8-24-62</b>  | 26. REGISTRAR'S SIGNATURE <b>Arthur Long</b>                  |

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Lyle G. Willis  
1515 Prof. Bldg.  
VI.2-1919

1:00 PM - 5:00 PM  
FRIDAY

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 J. S. Freeman

Licensed Embalmer No. 2939

P. O. Address F. O. No.

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, facts should be so stated above.