

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000241

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 55

FILED JAN 28 1963

VS 300
Rev. 4/59

101-09

20470

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4 0

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9430.0

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122-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Length of stay in 1b 28 DAYS	c. CITY OR TOWN Belleview
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univ. of Mo. Med. Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Robert		First Robert Middle Frazier Last Frazier	4. DATE OF DEATH Month JAN. Day 24 Year 1963
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-4-04
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer	9. AGE (last birthday) 59
11. BIRTHPLACE (City and state or country) Cantwell, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Arthur Frazier (Deceased)		13b. MOTHER'S MAIDEN NAME Medie Abbott (deceased)	
14. NAME OF HUSBAND OR WIFE Gladys Frazier		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. INFORMANT HOSPITAL RECORD Columbia Mo		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST			INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE.
DUE TO (b) IDIOVENTRICULAR CONDUCTION DEFECT.			1 mo +
DUE TO (c) POSSIBLE OLD MYOCARDITIS			?
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC RENAL DISEASE (PROB. PYELONEPHRITIS).			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 checked="" 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 a.m. p.m.		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 DEC 27, 1962 to JAN 24, 1963 and last saw ^{her} _{him} alive on JAN 24, 1963 Death occurred at 12:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John M. Laird, Jr. MD</i>		22b. ADDRESS MU. Med. Center	22c. DATE SIGNED 1-24-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1/24/1963	23c. NAME OF CEMETERY OR CREMATORY Lower Indian Creek Cem	23d. LOCATION (City, town, or county) (State) TRANTON, MISSOURI
24. FUNERAL DIRECTOR PAKERS FUNERAL SERVICE MISSOURI		25. DATE RECD. BY LOCAL REG. JAN 24 1963	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

JAN 29 1963

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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Columbus, GA

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.