MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 40

STATE FILE NUMBER 63-024855

FILED JUN 19 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Plattin Twp.
Length of stay in 1b: 21 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rose Hill Rest Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jefferson
c. CITY OR TOWN: Festus
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1011 West Main St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sarah Middle: Elizabeth Last: Frazier

4. DATE OF DEATH: Month: June Day: 13, 1963 Year:

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Mar. 11, 1882

9. AGE (last birthday): 81

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (City and state or country): Valle Mines, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Haverstick

13b. MOTHER'S MAIDEN NAME: Rinda Larkins

14. NAME OF HUSBAND OR WIFE: Franklin A. Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of servic: --

16. SOCIAL SECURITY NO.: [redacted]

17. INFORMANT: Mrs. Leo Arnold, Address: Crystal City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — 4 yrs.
DUE TO (c): ------

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
Hepatitis, exact nature undetermined, one week

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ ---

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. ---- Month, Day, Year ----

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 November 14, 1958 to June 13, 1963 and last saw her/him alive on June 7, 1963
Death occurred at 2:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John F. Rutledge (Degree or title) M.D.

22b. ADDRESS: Manns Bldg., Festus, Mo.

22c. DATE SIGNED: 6/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 15, 1963

23c. NAME OF CEMETERY OR CREMATORY: Roselawn

23d. LOCATION (City, town, or county) (State): Crystal City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Vinyard Funeral Home, Festus, Mo.

25. DATE RECD. BY LOCAL REG.: 6-15-1963

26. REGISTRAR'S SIGNATURE: Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

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 Leroy T. Lucas, Student Embalmer No. 697 working under my personal supervision.

Student Leroy T. Lucas
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4976

P. O. Address Fenton, 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.