

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027309

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **042** Primary Registration District No. **1000** Registrar's No. **921**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 5 1963

VS 300
Rev. 4/59

1 5117

2 5110

3 2

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 92-3

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **S.E. Melaney, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in lb 42yrs	c. CITY OR TOWN St. Joseph Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION O.A. Mo. Methodist Hosp		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Rt #8, Wayne Twsp (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Leroy Frazer			4. DATE OF DEATH Month Day Year July 23, 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 April 15, 1921 9. AGE (last birthday) 42
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph School	11. BIRTHPLACE (City and state or country) Dist. St. Joseph, Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Earl Frazer		13b. MOTHER'S MAIDEN NAME Mary Knowles	14. NAME OF HUSBAND OR WIFE Nella Frazer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of war) yes WW #11		16. SOCIAL SECURITY NO. 29	17. INFORMANT Address Nella Frazer St. Joseph, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 48 hrs
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 checked="" 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. Pain in chest July 23 63 - pain in left chest + vomiting - drooping in	
20c. TIME OF INJURY Hour Month, Day, Year 7-22-63	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.) Started at home	20f. CITY, TOWN, OR LOCATION Highland STATE Mo
21. I attended the deceased from viewed body 7/23/63 and last saw him live on July 23-63		Death occurred at 9:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE Carroll (Degree or title) S.E. Melaney M.D.		22b. ADDRESS 214 Northpark St. Joseph, Mo	22c. DATE SIGNED July 27-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/27/63	23c. NAME OF CEMETERY OR CREMATORY King Hill Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo
24. FUNERAL DIRECTOR John D. Rupp		25. DATE RECD. BY LOCAL REG. Aug 1, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

AUG 7 1963

Permit issued 7-26-63
211
211
0 - 0 8

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

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.

22-22