

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1127**

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5044		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washburn				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washburn			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) FLORA			b. (Middle) FRAZIER		c. (Last) BLACK		4. DATE OF DEATH (Month) (Day) (Year) 4-11-1954
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 9-25-1874		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME David Frazier			13b. MOTHER'S MAIDEN NAME Callie Morria		14. NAME OF HUSBAND OR WIFE John Black		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Matt Sparkman-Washburn, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic cardio-vascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic pyelonephritis					INTERVAL BETWEEN ONSET AND DEATH 48 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442 X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 20, 1952 to Apr 11, 1954 that I last saw the deceased alive on Apr 10, 1954 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert P. Douglas, M.D.				23b. ADDRESS Washburn, Mo.		23c. DATE SIGNED Apr 14, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-13-1954	24c. NAME OF CEMETERY OR CREMATORY Washburn Prairie		24d. LOCATION (City, town, or county) (State) Washburn, Missouri		
DATE REC'D BY LOCAL REG. 4-19-1954		REGISTRAR'S SIGNATURE Grant Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. E. Culver - Cassville			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

454-15
BARRY COUNTY HEALTH UNIT

Rec. 4-24-54
CASSVILLE, MO.

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
Student Embalmer

Signed *Margaret C. Herbert*

Licensed Embalmer No. *4389*

P. O. Address *Cassville*

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 this body is not embalmed, fact should be so stated above.