MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0019419
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 95

FILED JUN 14 1967

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0500
2 0500
3
4 0
5 1
6
7 0
8 2
9 4201
10
11
12 1-6
13 1-0

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 Joachim Twp.
Length of stay in 1b: 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jefferson Memorial Hosp.
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: DeSoto,
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route # 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Cecil Middle: Lee Last: Frazier

4. DATE OF DEATH: Month: June Day: 5, Year: 1967

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7/30/97

9. AGE (last birthday): 69
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): Farmer, Heating Contractor

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (City and state or country): Plattin Twp., Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George R. Frazier

13b. MOTHER'S MAIDEN NAME: Susan Elizabeth Sweet

14. NAME OF HUSBAND OR WIFE: Ollie B. Evans Frazier

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.: 494-03-4609

17. INFORMANT Address: Mrs. Ollie B. Frazier, R#1, DeSoto, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Anterior Myocardial Ischemia	5/20/67
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Rt Bundle Br Block	5-22-67
DUE TO (c)	Arteriosclerosis Generalized	unk

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. ☐ Yes ☐ No ☐ Unknown

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 5-22-67, to 6-5-67 and last saw her/him alive on 6-5-67
Death occurred at 1AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harry Yoskit M.D.

22b. ADDRESS: Festus Mo

22c. DATE SIGNED: 6-6-67

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

23b. DATE: 6/7/67

23c. NAME OF CEMETERY OR CREMATORY: Rose Lawn Memorial Gardens

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.: 6-7-67

26. REGISTRAR'S SIGNATURE: Jack A. Tipton

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1967

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 D. H. Wingard

Licensed Embalmer No. 4608

P. O. Address Flatus, 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.