S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 10 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 33466

Registration District No. 385 | Primary Registration District No. 3039 | Registrar's No. 195

**1. PLACE OF DEATH:**

(a) County: Linn

(b) City or town: Marceline (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 40 years.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo (b) County: Linn

(c) City or town: Marceline (If outside city or town limits, write "RURAL")

(d) Street No.: 102 W Hauser (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: Fred Wallace Hazen

3. (b) If veteran, name war: ____

3. (c) Social Security No.: 709-16-6078

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Laura Lavan Hazen

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: June (Month) 22 (Day) 1875 (Year)

8. AGE: Years 73 | Months 4 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: St Louis (City, town, or county) Michigan (State or foreign country)

10. Usual occupation: Retired Dispatcher

11. Industry or business: ____

FATHER

12. Name: William Smith Hazen

13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Elizabeth Helm

15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Fred W. Hazen

(b) Address: Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 1 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Olivet

18. (a) Signature of funeral director: James M Laughlin

(b) Address: Marceline Mo

19. (a) Nov-5-1948 (Date received local registrar) (b) Mary Jane Owens (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 30 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 13 1948 to Oct 30 1948 that I last saw him alive on Oct 30 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia | |
| Due to: Coronary Thrombosis | |
| Due to: Acute Pulmonary Edema | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations: 940
Of autopsy: ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): ____

(b) Date of occurrence: ____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury: ____

23. Signature: Robert [illegible] (M. D. or other)

Address: Marceline, Mo Date signed Nov 1 1948

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1948
JAN 1 8 1949

**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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Dale Beuch

Licensed Embalmer No. 4088

P. O. Address Marceline 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 this body is not embalmed, fact should be so stated above.**