

FILED FEB 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3752

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>	
		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Raymond</b> b. (Middle) <b>Lee</b> c. (Last) <b>Hazlip</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 25, 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		8. DATE OF BIRTH <b>April 18, 1933</b>	
				9. AGE (In years last birthday) <b>15</b>	
				11. BIRTHPLACE (State or foreign country) <b>Dexter, Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>George Hazlip</b>		13b. MOTHER'S MAIDEN NAME <b>Lottie Taylor</b>		14. NAME OF HUSBAND OR WIFE _____	
---	--	--	--	-----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>George Hazlip</b> ADDRESS <b>Dexter, Mo.</b>	
--	--	-------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>22 Calibre Pistol wound through Chest.</b> ANTECEDENT CAUSES <b>Accidentally self-inflicted</b> DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>	
---	--	---	--	--	--	---	--

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------------	--	--	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Dexter Stoddard, Mo.</b>	
--	--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Jan. 25, 1949 1 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>While working on gun</b>	
--	--	---	--	---	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ray W. Rainey, Coroner 3</b>		23b. ADDRESS <b>Dexter, Missouri</b>		23c. DATE SIGNED <b>1-25-49</b>	
---	--	--------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-28-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>	
---	--	--------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <b>1-29-49</b>		REGISTRAR'S SIGNATURE <b>Velma J. Jenkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b> ADDRESS <b>Dexter, Mo.</b>	
---	--	---	--	--	--

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

3  
3  
1

RECEIVED

District Health Office No. 2

District File Number 249-184

Date Filed 2-2-49

**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.

Signed \_\_\_\_\_

*[Handwritten Signature]*  
Licensed Embalmer No. 3479

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Lehigh, Pa.

-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.