

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15483

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 57120 PRIMARY REG. DIST. NO. 5450 Registrar's No. 5450 6

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller Twp.	c. LENGTH OF STAY (In this place) 9 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Miller	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) 5 Miles West Of Pattonburg	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Mary	b. (Middle) Iva	c. (Last) Hazelbaker	(Month) 5	(Day) 26	(Year) 1949
5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2 1 1871		9. AGE (In years, last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Sammal L. Baker	13b. MOTHER'S MAIDEN NAME Prudence M. Helmer	14. NAME OF HUSBAND OR WIFE John R. Hazelbaker
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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. 27	17. INFORMANT'S SIGNATURE OR NAME John R. Hazelbaker	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		INTERVAL BETWEEN ONSET AND DEATH Two days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility + Influenza		3 months
	DUE TO (c) Anemia + debilitation		one year
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pattonburg Gentry Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **9-27, 1949**, to **May 26, 1949**, that I last saw the deceased alive on **May 26, 1949**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Lee Shelhorse M.D.	23b. ADDRESS Pattonburg Mo.	23c. DATE SIGNED 5-27-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/29/49	24c. NAME OF CEMETERY OR CREMATORY Old Memory	24d. LOCATION (City, town, or county) (State) New Market Iowa
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DATE REC'D BY LOCAL REG. June 3/49	REGISTRAR'S SIGNATURE Mrs. Edith Childs	4305. FUNERAL DIRECTOR'S SIGNATURE Whinn J. ...	ADDRESS Pattonburg Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 16 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.....

Student Embalmer No.

working under my personal supervision.

Signed Robert V. Quirkham

Signed.....
Student Embalmer

Licensed Embalmer No. 45-82

P. O. Address Pattonsbury, 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.