

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1949

State File No. 24003

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

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5662</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY LEWIS		b. CITY (If outside corporate limits, write RURAL and give town or township) LEWISTOWN		a. STATE MISSOURI		b. COUNTY LEWIS	
c. LENGTH OF STAY (In this place) 2 wks.		c. CITY (If outside corporate limits, write RURAL and give township) LEWISTOWN		d. STREET ADDRESS (If rural, give location) LA BELLE TOWNSHIP			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) MARY JANE		b. (Middle) HAZELWOOD		c. (Last)		d. (Month) (Day) (Year) JULY 21, 1949	
5. SEX FEMALE		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 6, 1874	
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months Days Hours Min. 3 15		11. BIRTHPLACE (State or foreign country) MIDWAY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOM. SERVANT		10b. KIND OF BUSINESS OR INDUSTRY 44		13. NAME OF HUSBAND OR WIFE GEORGE HAZELWOOD			
13a. FATHER'S NAME JOHN H KRUPPER		13b. MOTHER'S MAIDEN NAME MIRANDY BROWN		14. NAME OF HUSBAND OR WIFE GEORGE HAZELWOOD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS IDA BELLE TATE, LEWISTOWN			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) _____			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of lower extremities			
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)		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)		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 Feb. 20, 1948 , to July 21, 1949 , that I last saw the deceased alive on July 21, 1949 , and that death occurred at 10:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harry J. McProden D.O.				23b. ADDRESS La Belle, Missouri		23c. DATE SIGNED 7/23/49	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE JULY 23, 1949		24c. NAME OF CEMETERY OR CREMATORY LA BELLE		24d. LOCATION (City, town, or county) (State) LA BELLE MISSOURI	
DATE REC'D BY LOCAL REG. 7-25-49		REGISTRAR'S SIGNATURE P. St. Jimmy		25. FUNERAL DIRECTOR'S SIGNATURE Charles Arnold		ADDRESS LEWISTOWN, MO.	

AUG 8 1949

RECEIVED

District Health Officer No. _____

District File Number 8-49-

Date Filed AUG 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Charles J. Arnold, Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4667

P. O. Address Leadstown, 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.