

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26411

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 31

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

1. PLACE OF DEATH a. COUNTY <u>Christain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christain</u>	
b. CITY OR TOWN <u>Ozark</u>	c. LENGTH OF STAY (in this place) <u>4 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Jr.</u> c. (Last) <u>Hazel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8 1949</u>							
5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 14-1866</u>	9. AGE (In years) (last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				

13a. FATHER'S NAME <u>J. P.</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Francis Harris</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Arthur Hazel Ozark mo</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>approx. 48 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broncho-pneumonia (Secondary)</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremic poisoning</u>		3-4 weeks	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>592X</u>

22. I hereby certify that I attended the deceased from Aug 18, 1949, to Sept 8, 1949, that I last saw the deceased alive on Sept 8, 1949, and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Vincent P. McCormick D.O.</u>	23b. ADDRESS <u>2 Ozark Mo.</u>	23c. DATE SIGNED <u>9/9/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 10</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ponce-Re-Leon</u>
24d. LOCATION (City, town, or county) (State) <u>Ponce-Re-Leon Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Everett J. Cheatham Salena Mo</u>
DATE REC'D BY LOCAL REG. <u>9-10-1949</u>	REGISTRAR'S SIGNATURE <u>Faith Leavell</u>	

SEP 15 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 _____

Everett J. Cheatham

Signed _____
Student Embalmer

Licensed Embalmer No. *3870*

P. O. Address *Helena 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.