

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36308**  
Registrar's No. **295**

FILED DEC 7 1949

BIRTH NO.		REG. DIST. NO. <b>39</b>		PRIMARY REG. DIST. NO. <b>3006</b>		Registrar's No. <b>295</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Boone</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Boone</b>		admission)	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Columbia</b>		c. LENGTH OF STAY (In this place) <b>Lifetime</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		<b>10</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>209 College Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>209 College Ave.</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>ADDIE</b>	b. (Middle) <b>LENOIR</b>	c. (Last) <b>HAZELL</b>	Month <b>Dec.</b>	Day <b>2,</b>	Year <b>1949</b>	Female	6. COLOR OR RACE <b>White</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 23, 1861</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Boone County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>L.L. Lindsey</b>		13b. MOTHER'S MAIDEN NAME <b>Adeline Edwards</b>		14. NAME OF HUSBAND OR WIFE <b>S.R. Hazell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul Hazell, 209 College Ave., Columbia, Mo.</b>			
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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Uremia + Pneumonia (virus)</b>				<b>11-9-49</b>	
		ANTECEDENT CAUSES					
		DUE TO (b) <b>Chronic nephritis</b>					
		DUE TO (c) <b>Arteriosclerosis</b>					
		II. OTHER SIGNIFICANT CONDITIONS					
		<b>Myocarditis chronic</b>					
19a. DATE OF OPERATION <b>None</b>		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)		<b>548X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>11-9-</b> , 19 <b>49</b> , to <b>12-2-</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>11-24-</b> , 19 <b>49</b> , and that death occurred at <b>11:20 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank E. DePue M.D.</b>				23b. ADDRESS <b>Columbia Mo</b>		23c. DATE SIGNED <b>12-2-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 4, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Columbia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Dec. 3 1949</b>		REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>		31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parson Funeral Service, Columbia Mo</b>	

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

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JAN 12 1950

District File Number

District Health Officer No. 9,

RECEIVED DEC 5 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 Tom McHarg

Signed Student Embalmer

Licensed Embalmer No. 4067

P. O. Address Columbia 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.