

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11708
alter

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>312 East Oakland</u>		d. STREET ADDRESS (If rural, give location) <u>312 East Oakland</u>	

3. NAME OF DECEASED (Type or Print) <u>Edwin B Hazen</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. <u>WIDOWED</u> (Specify)	8. DATE OF BIRTH <u>Nov. 6 1868</u>	9. AGE (to years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Lynch Hazen</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth English</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bora Hazen</u>	312 E. Oakland Vernon, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		DUE TO (b) <u>ARTEROSCLEROTIC HT DISEASE</u>		<u>10 MIN</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>—</u>		<u>YEARS</u>
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>				<u>4200</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>NO</u>	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) (Min.)	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 Sept, 1946, to Mar 14, 1950, that I last saw the deceased alive on Mar 14, 1950, and that death occurred at 7:15 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. H. ...</u>	23b. ADDRESS <u>...</u>	23c. DATE SIGNED <u>3-17-50</u>
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24a. BURIAL (Specify)	24b. DATE <u>March 18 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 12 1950</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 2-50-25

Date Filed 3-21-50

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.

Student
Student Embalmer

Signed L. B. Feunoy.....

Licensed Embalmer No. 1760.....

P. O. Address Nebraska 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.