

FILED JUN 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15789
Registrar's No. 102

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>524 W. BUCHANAN ST.</u>		d. STREET ADDRESS (If rural, give location) <u>524 W. BUCHANAN ST</u>	
3. NAME OF DECEASED a. (First) <u>NANCY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>HAZARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 26, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>AUG 17, 1950</u>
9. AGE (In years last birthday) <u>99</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>CAMPBELLSVILLE, Ky 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>J.M. HAZARD</u>	13b. MOTHER'S MAIDEN NAME <u>PRICILLA BRANFIELD</u>
14. NAME OF HUSBAND OR WIFE _____		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>FRANK HAZARD</u>		ADDRESS <u>Mexico 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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-nephritis</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			<u>442X</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>one</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>5/10/50</u> , 19 <u> </u> , to <u>5/25/50</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5/10/50</u> , 19 <u> </u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank Hazard</u> (Degree or title)		23b. ADDRESS <u>117 E. Monroe, Mexico, Mo.</u>	23c. DATE SIGNED <u>5/26/50</u>
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>
DATE REC'D BY LOCAL REG <u>May 28 1950</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Red Crude</u> ADDRESS <u>Mexico Mo</u>	

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

RECEIVED JUN 5 1950
District Health Officer No. 10
District File Number: 6-52-942
Date Filed JUN 6 1950

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

RICHARD Y. McDONALD

working under my personal supervision.

Student Embalmer No. 371

Signed

Richard Y. McDonald
Student Embalmer

Signed

Chas Arnold
Licensed Embalmer No. 3569

P. O. Address Murisco N

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.