

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **13793**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 9053 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>	
c. LENGTH OF STAY (in this place) <b>4 Years</b>		d. STREET ADDRESS (If rural, give location) <b>103 W. 16th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ernest</b>	b. (Middle) <b>William</b>	c. (Last) <b>Hazlewood</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 25 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 23, 1890</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Selfemployed</b>	11. BIRTHPLACE (State or foreign country) <b>Ottumwa, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Marcellus Q. Hazlewood</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Tucker</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Catherine Hazlewood</b>
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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>498-01-0917</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Catherine Hazlewood</b>	ADDRESS <b>1100b Elm, Rolla, Mo.</b>
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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, asphyxia, 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) <u>Cerebral Haemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Rolla 331X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>April 25 1952 5:00</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 14, 1948 to April 25, 1952, that I last saw the deceased alive on April 24, 1952, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wesley McFarland</i>	(Degree or title) <b>0</b>	23b. ADDRESS <b>Rolla Mo</b>	23c. DATE SIGNED <b>4/25/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 27, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Apr. 26, 1952</b>	REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Hollan</i>	ADDRESS <b>1100 Elm Rolla, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48

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

FILED APR 30 1952

County File Number \_\_\_\_\_  
Date Filed 4-28-52

MS. OCT 10 1960

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 *R. Kenneth Peterson*

Licensed Embalmer No. 4697

P. O. Address Rolla, Missouri

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.