

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1952

State File No. ....

MAILED JUN 2 1952

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6082		Registrar's No. 109			
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Arrow Rock Twn.</b>		c. LENGTH OF STAY (In this place) <b>2 Months</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Arrow Rock Twn.</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 Mi. South of Arrow Rock, Mo.</b>			
3. NAME OF DECEASED a. (First) <b>Martin</b> b. (Middle) <b>William</b> c. (Last) <b>Hazell</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>May 22 1952</b>					
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. 12-1906</b>			
9. AGE (In years last birthday) <b>46</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-Own Farm</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Blackwater, Missouri</b>			
10a. HOSPITAL OR INSTITUTION <b>1/2 Mile South of Arrow Rock, Mo.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>W.B. Hazell</b>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>Annie Harris</b>		14. NAME OF HUSBAND OR WIFE <b>Etta Duncan Hazell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>492-12-5989</b>		17. INFORMANT'S SIGNATURE AND NAME <b>Mrs. Martin W. Hazell</b>		17. ADDRESS <b>Arrow Rock, 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, asthma, 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>Diabetes Mellitus</b>				ANTECEDENT CAUSES <b>Complicated by coronary disease</b>				DUE TO (b) <b>Death due to sudden</b>	
DUE TO (c) <b>Coronary occlusion</b>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21c. (CITY, TOWN, OR TOWNSHIP) <b>Arrow Rock</b>		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)		21. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 14, 1952</b> , to <b>May 22, 1952</b> , that I last saw the deceased alive on <b>May 14, 1952</b> , and that death occurred at <b>6 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Martin W. Hazell M.D.</b>				23b. ADDRESS <b>Boonville, Mo.</b>		23c. DATE SIGNED <b>5.23.52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>5/24/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Old Linn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>5 mi West of Linn, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>May, 26-1952</b>		REGISTRAR'S SIGNATURE <b>Sidney S Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Leali Surrency</b>		ADDRESS <b>Warrenton, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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