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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10863

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Grover Township</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles N.W. of Knob Noster</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>M.</u> c. (Last) <u>Hazel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 6, 1876</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Union County, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	

13a. FATHER'S NAME <u>Hiram Hazel</u>		13b. MOTHER'S MAIDEN NAME <u>Cloe Bean</u>		14. NAME OF HUSBAND OR WIFE <u>Linda C. Hazel</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-03-7853</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wm. Hazel, Knob Noster RFD#1</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>			
		DUE TO (c) <input checked="" type="checkbox"/>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>4-20-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>4-20-53</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster Johnson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3:45 PM</u>		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 March 23, 1953, to March 25, 1953 that I last saw the deceased alive on March 25, 1953, and that death occurred at 3:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. W. Leavey, M.D.</u>		23b. ADDRESS <u>Knob Noster, Mo</u>		23c. DATE SIGNED <u>April 1-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>3/27/1953</u>		REGISTRAR'S SIGNATURE <u>W. Campbell, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Raymond Baker, Knob Noster, Mo.</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Kiok Master 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.