

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28257

State File No.

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 89

S. No. 300
V. 10.48

0380

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

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 W. South</u>		d. STREET ADDRESS (If rural, give location) <u>104 W. South</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>B.</u> c. (Last) <u>Hazelrigg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 20 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>Aug. 18, 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u> IF UNDER 4 Wks. Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (State or foreign country) <u>Frankfort, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John Thomas Hazelrigg</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Hazelrigg</u>
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Hazelrigg, Rock Port, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis Pulmonary vein</u> <u>Thrombosis Pulmonary vein</u> ANTECEDENT CAUSES <u>Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u> DUE TO (c) _____ 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	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) <u>Albany, Gentry - Mo.</u>	
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 <u>6-22-</u> , 19 <u>51</u> , to <u>8-20-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-20-</u> , 19 <u>53</u> , and that death occurred at <u>1:10A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank H. Ross, M.D.</u>		23b. ADDRESS <u>Albany, Mo.</u>	23c. DATE SIGNED <u>8-21-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	24d. LOCATION (City, town, or county) (State) <u>Albany, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Aug 24-53</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Hazelrigg</u>	ADDRESS <u>Albany Mo</u>

Handwritten notes in Arabic script, possibly a signature or reference, located above the main title.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clifford Burns

Licensed Embalmer No. 3329

P. O. Address Albany 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.