

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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FILED JAN 29 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Linn</u>	d. Is Residence within limits of "city or incorporated town"? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>R.D. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. E. Still Memorial Hosp.</u>		0760 1	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jefferson</u> b. (Middle) <u>Carneal</u> c. (Last) <u>Hazell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23, 1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Mar. 28, 1882</u>	9. AGE (in years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SELFEMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Roadside Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Blackwater Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William J. Hazell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C. White</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Margaret Noble Marshall</u>	
				ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		
		DUE TO (c) <u>Diabetes Mellitus</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		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>260 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 22, 1954, to Jan 23, 1954, that I last saw the deceased alive on Jan 23, 1954, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Norman W. Baldwin</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Linn, Mo.</u>		23c. DATE SIGNED <u>1/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marshall cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u>	

DATE REC'D BY LOCAL REG. <u>Jan 23-1954</u>		REGISTRAR'S SIGNATURE <u>R.P. Darris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Merton</u>	
				ADDRESS <u>Linn Mo</u>	

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

FEB 24 1954

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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.....  
Signature of Student Embalmer

Signed *Clarence M. V. 1954*.....

Licensed Embalmer No. *41*.....

P. O. Address *Lincoln*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.