

STANDARD CERTIFICATE OF DEATH

State File No. 5835 Registrar's No. 1

FILED JAN 25 1954

BIRTH NO. _____		REG. DIST. NO. <u>246</u> <u>156</u>		PRIMARY REG. DIST. NO. <u>2607</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>Shelbourn</u>		c. LENGTH OF STAY (in this place) <u>11 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Rt #2 Box 107 Galena, Kansas</u>				d. STREET ADDRESS (If rural, give location) <u>Rt #2 Ex 107, Galena, Kansas</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u>		b. (Middle) <u>Nola</u>		c. (Last) <u>Hazlitt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-4-1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 16, 1874</u>	
9. AGE (in years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John C. Matheson</u>		13b. MOTHER'S MAIDEN NAME <u>Rodath Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Elwood W. Hazlitt</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elwood W. Hazlitt, Rt #2, Galena Ks.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Pulmonary Tuberculosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				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)			
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 <u>Nov 25, 1953</u> , to <u>Jan 4, 1954</u> , that I last saw the deceased alive on <u>Jan 4, 1954</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James E. Stephens, D.O.</u>				23b. ADDRESS <u>211 W. 20th St. Joplin, Mo</u>		23c. DATE SIGNED <u>1-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-4-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bartlesville, Oklahoma</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>1-8-54</u>		REGISTRAR'S SIGNATURE <u>James E. Stephens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo</u>			

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

MAY 24 1954

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 154-6

Date Filed JAN 23 1954

NEOSHO, MISSOURI

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

W. C. Huddleston
Student Embalmer No.

Licensed Embalmer No. 4770

P. O. Address 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.