

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26933

State File No. _____
Registrar's No. 8

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4207

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blythdale</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blythdale</u>	
c. LENGTH OF STAY (in this place) <u>2yrs</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>HAZEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1954</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>Nov. 14, 1873</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>11</u>	
11. BIRTHPLACE (State or foreign country) <u>Decatur Co Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			

13a. FATHER'S NAME <u>Joseph HAZEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARIAH JONES</u>		14. NAME OF HUSBAND OR WIFE <u>EFFIE HAZEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Effie Hazen</u> ADDRESS <u>Blythdale Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>331X</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 7/24, 1954, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Francis S. Row</u>		23b. ADDRESS <u>100 Eagleville, Missouri</u>		23c. DATE SIGNED <u>7/25/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 28, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Blythdale, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Aug 20-54</u>		REGISTRAR'S SIGNATURE <u>St. Phs Shaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest W. Hogen</u> ADDRESS <u>Eagleville, Mo</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0410
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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
Student Embalmer

Signed *Ronald W. Boggs*
4762

Licensed Embalmer No. _____

P. O. Address *Earlsville, 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.