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FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27353**
3795

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) **Kansas City**
c. LENGTH OF STAY (in this place) **1 month**

c. CITY OR TOWN **Kansas City**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital # 1**

f. STREET ADDRESS (If rural, give location) **Coates House 3128 2**

3. NAME OF DECEASED
a. (First) **LEANDER** b. (Middle) _____ c. (Last) **HAZEL**

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 3 54

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **divorced**

8. DATE OF BIRTH **3-31-1898**

9. AGE (In years last birthday) **56**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired R. R. Dispatcher**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Texas**

12. CITIZEN OF WHAT COUNTRY? **U. S.**

13a. FATHER'S NAME **William B. Hazel**

13b. MOTHER'S MAIDEN NAME **Fannie M. Stidham**

14. NAME OF HUSBAND OR WIFE **--**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Leona Mc Lean Naples, Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebrovascular accident**
INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
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.
331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 28, 1954**, to **Aug. 3, 1954**, that I last saw the deceased alive on **Aug. 3, 1954**, and that death occurred at **8:35 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE **B.I. Burns** (Degree or title)

23b. ADDRESS **24th & Cherry Sts.**

23c. DATE SIGNED **8/4/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **8-4-54**

24c. NAME OF CEMETERY OR CREMATORY **--**

24d. LOCATION (City, town, or county) (State) **Atlanta, Texas**

DATE REC'D BY LOCAL REG. **8-4-54** REGISTRAR'S SIGNATURE **Heraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
STINE & McCLURE UND. CO. K.C.MO.

WRITE PLAINLY--USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**