

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27902**

FILED SEP 10 1954

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Indep. Mo</u>	
c. LENGTH OF STAY (in this place) <u>30 days</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>416 E Elm</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mark</u> b. (Middle) _____ c. (Last) <u>Hazelrigg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>18-26 54</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>7-18-1895</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>	
11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Andrew Hazelrigg</u>	
14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		15. NAME OF HUSBAND OR WIFE <u>DORA A. HAZELRIGG</u>		16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
17. KIND OF BUSINESS OR INDUSTRY _____		18. BIRTHPLACE (State or foreign country) <u>Iowa</u>		19. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Delmar F. Hazelrigg</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULmonary Embolus</u>		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Prostatic thrombosis</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Prostatectomy</u>	

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)	

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?	
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22. I hereby certify that I attended the deceased from 7-27, 1954, to 8-25, 1954, that I last saw the deceased alive on 8-25, 1954, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David W. ... M.D.</u>		23b. ADDRESS <u>Jackson County Hospital</u>		23c. DATE SIGNED <u>8-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Jackson County, Mo</u>		24e. (State) _____		24f. _____	

DATE REC'D BY LOCAL REG. <u>8-27-54</u>		REGISTRAR'S SIGNATURE <u>H. B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>	
_____		_____		ADDRESS <u>Judip, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

7-27-54

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.....

W. D. Gibson
Licensed Embalmer No. *4871*

P. O. Address *Indep, 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.