

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1955

State File No. **32429**
Registrar's No. **875**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5171**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ST AUGERT TWP		c. CITY OR TOWN ST ROBERT TWP	
c. LENGTH OF STAY (In this place) 50 yrs.		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home R.F.D. Mokane		e. STREET ADDRESS (If rural, give location) R.F.D. Mokane 0140	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MAUDE	b. (Middle) O.	c. (Last) HAZZETT	OCT. 16, 1955		

5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED	8. DATE OF BIRTH Nov. 9, 1879	9. AGE (In years last birthday) 75	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
----------------------	-------------------------------	--	--------------------------------------	---	-----------------------	---------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT Home	11. BIRTHPLACE (City and State or Foreign Country) Reasville Mo	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	---

13a. FATHER'S NAME ISAAC OLIVER	13b. MOTHER'S MAIDEN NAME LOUISE WILFLEY	14. NAME OF HUSBAND OR WIFE J. M. HAZZETT
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME J. M. Hazzett	ADDRESS Mokane Mo
---	-----------------------------------	--	--------------------------

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		INTERVAL BETWEEN ONSET AND DEATH Inst.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201		
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 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) (Min.)	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 _____, 19____, and that death occurred at **7:30** m., from the causes and on the date stated above.

23a. SIGNATURE Mary A. Stewart Brown (Degree or title)	23b. ADDRESS Fulton Callaway Co Mo	23c. DATE SIGNED 10/18/55
---	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT 18/55	24c. NAME OF CEMETERY OR CREMATORY Mokane	24d. LOCATION (City, town, or county) (State) Mokane Mo
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. Oct. 22 - 1955	REGISTRAR'S SIGNATURE Martha Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home	ADDRESS Fulton Mo
--	--	---	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1964

FEB 24 1964

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 *J. V. Ross*

Licensed Embalmer No. *2555*

P. O. Address *Milton*

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.