

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16391

State File No. 1941

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. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 13 YRS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 823 W 39th ZERRACE			
e. STREET ADDRESS (If rural, give location) 823 WEST 39th ZERRACE			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) P. c. (Last) HAZFIELD			4. DATE OF DEATH (Month) (Day) (Year) MAY 3 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 29, 1894	9. AGE (In years last birthday) 71	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) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (City and State or Foreign Country) RAY CO., MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM P. HAZFIELD	13b. MOTHER'S MAIDEN NAME MARY F. BRANSON	14. NAME OF HUSBAND OR WIFE LENA HAZFIELD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN	16. SOCIAL SECURITY NO. 491-01-9468	17. INFORMANT'S SIGNATURE OR NAME LENA HAZFIELD, KANSAS CITY, MO	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia Multiple		INTERVAL BETWEEN ONSET AND DEATH 5 months
ANTECEDENT CAUSES		DUE TO (b) Cerebral Thromboses, Multiple		5 months
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Cerebral Arteriosclerosis, Arteriosclerotic Heart		3 Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Disease with angina pectoris		2 Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Minute)	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 Aug., 1953, to 3 May, 1956, that I last saw the deceased alive on 2 May, 1956, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE Philip C. Kaul (Degree or title) M.D.	23b. ADDRESS 411 Nichols Road	23c. DATE SIGNED 3 May 1956
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24a. BURIAL, CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE MAY 5, 1956	24c. NAME OF CEMETERY OR CREMATORY CROWN HILL	24d. LOCATION (City, town, or county) (State) EXCELSIOR SPRINGS, MO
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DATE REC'D BY LOCAL REG. 5-4-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richard Funeral Home, Excelsior Springs, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Ralph E Van Landingham*

Licensed Embalmer No. *401*

*Galien Springs, Missa*  
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.