

STANDARD CERTIFICATE OF DEATH

269229

STATE FILE NUMBER

FILED AUG 29 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3467

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, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City 331 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 47th Penn. Skelly Length of stay in lb 26 yrs.		31 d. STREET ADDRESS (If outside, give location) 2102 Troost Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle A. Last Hazley			4. DATE OF DEATH Month Aug Day 6 Year 1956
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 22, 1910
9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 4 Days 15 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman		10b. KIND OF BUSINESS OR INDUSTRY Skelly Oil Co.	11. BIRTHPLACE (City and state or country) Koschiusko, Miss.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME D.M.C. Hazley	
14. MOTHER'S MAIDEN NAME Minnie Lovelady		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. 494-16-0463		17. INFORMANT Address Mae Hazley 2102 Troost	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Aneurysm of Left Ventricle DUE TO (c) Cardiac Hypertrophy (Cor Bovinum) due to arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 10 Month 8 Day 26 Year 1956 a. m. 0 p. m. 0			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L.M. Tillman, Deputy Coroner		22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 8/7/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/10/56	23c. NAME OF CEMETERY OR CREMATORY Highland	23d. LOCATION (City, town, or county) (State) L.C. Mo.
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. 18th & Benton		25. DATE RECD. BY LOCAL REG. 8-8-56	26. REGISTRAR'S SIGNATURE New Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to death due to natural causes.

L.M. Tillman, Deputy Coroner

AUG 29 1958

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.....
Bruce R. Walker

Licensed Embalmer No.....*45*

P. O. Address.....*Bth*

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.