

FILED JAN 29 1957

STANDARD CERTIFICATE OF DEATH

State File No. 2282

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Phelpa</b>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelpa</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. LENGTH OF STAY (in this place) <b>Rolla</b> <b>1 1/2</b> Month	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 <b>Memorial Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>614 West 8th St.,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARENCE</b> b. (Middle) <b>DANIEL</b> c. (Last) <b>HAZLEWOOD</b>			4. DATE OF DEATH Jan. 18, 1957 (Month) (Day) (Year)		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 31, 1892</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postal Clerk retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Postoffice</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ottumwa, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Marcellus Hazlewood</b>	13b. MOTHER'S MAIDEN NAME <b>Nannie Tucker</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Naomi Hazlewood</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Naomi Hazlewood, 614 West 8th</b>	ADDRESS <b>Rolla, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	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. <b>chr myocarditis</b> <b>Wernia</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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)
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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 **past 13 years** (19\_\_\_\_), to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **1-18, 1957**, and that death occurred at **7:10 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. E. Faind m.d.</b>	(Degree or title) <b>D</b>	23b. ADDRESS <b>Rolla mo.</b>	23c. DATE SIGNED <b>1-21-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 21, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 21, 1957</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul C. Null</b>	ADDRESS <b>Null &amp; Sons Funeral Home Rolla, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

380

RECEIVED

Phelps County Health Officer

County File Number 281

Date Filed 1-28-57

FEB

A 1957

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..... *Paul E. Nye*

Licensed Embalmer No. 449

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.