

FILED AUG 27 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 30598  
 STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Nevada</b>		c. CITY OR TOWN <b>Nevada</b> 1082 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>2122 W. Austin</b>		d. STREET ADDRESS (If outside, give location) <b>2122 W. Austin</b>	
3. NAME OF DECEASED (Type or print) First <b>Oscar</b> Middle Last <b>Hazham</b>		4. DATE OF DEATH Month <b>8</b> Day <b>16</b> Year <b>57</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr 2, 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) <b>Bates Co. Mo</b>
13a. FATHER'S NAME <b>Mathew Hazham</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah E. Carr</b>	12. CITIZEN OF WHAT COUNTRY? <b>US A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	17. INFORMANT <b>Marie Cullen - Nevada Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Advanced age.</b>			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.) <b>331X</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Nevada Vernon Mo</b>	
21. I attended the deceased from <b>August 5, 1957</b> to <b>Aug 16, 1957</b> and last saw him alive on <b>Aug 14 - 57</b> . Death occurred at <b>9:20 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Nevada Vernon Mo</b>	
22a. SIGNATURE <b>W. L. Love MD</b>		22b. ADDRESS <b>Nevada, Mo</b>	22c. DATE SIGNED <b>Aug 17/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-18-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenleaf Cem</b>
24. FUNERAL DIRECTOR <b>Charles H. Porter</b>		25. DATE RECD. BY LOCAL REG. <b>8-21-1957</b>	23d. LOCATION (City, town, or county). (State) <b>Sched City Mo</b>
26. REGISTRAR'S SIGNATURE <b>Anna G. Ferry</b>			

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

SAT

DATE

RE

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 *Robert C. Shorter* .....  
Licensed Embalmer No. *453*

P. O. Address *Memphis* .....

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.