

Health, Welfare
Public
Service

THE DIVISION OF DEATHS MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006136
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 40

300
-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		c. CITY OR TOWN WEBB CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 E. 2ND.		d. STREET ADDRESS (If outside, give location) 207 E. 2ND	
3. NAME OF DECEASED (Type or print) First HENRY Middle MELVIN Last HAIZLIP		4. DATE OF DEATH FEBRUARY 22 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-15-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED NEWSTAND DEALER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82
11. BIRTHPLACE (City and state or country) SALEM, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HARDIN HAIZLIP		13b. MOTHER'S MAIDEN NAME MARY MOLLIE ATKINSON	
14. NAME OF HUSBAND OR WIFE MRS JETTIE HAIZLIP		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.		17. INFORMANT MRS JETTIE HAIZLIP, 207 E. 2ND WEBB CITY MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Para. Phlegia			5 hrs.
DUE TO (c) Cerebral Hemorrhage			5 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Sept 57 to Jan 21-58 and last saw ^{him} alive on 2-21-58 . Death occurred at 9:15 am 2/22/58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Develight M.D.		22b. ADDRESS 222 So Webb City, Mo	
22c. DATE SIGNED 2-22-58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 2-25-1958		23c. NAME OF CEMETERY OR CREMATORY FRIENDS CEMETARY.	
23d. LOCATION (City, town, or county) PURCELL		(State) MISSOURI	
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 2-25-58	
ADDRESS WEBB CITY MO		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. Initials - use only when necessary. All diseases in Part I must be causally related.

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County File Number 58-3-205
Date Filed MAR 3 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 Richard H. Lewis

Licensed Embalmer No. 4405
P. O. Address Wash City

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.