

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005098

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Dorle Township</u> TOWN <u>Dorle Township</u>		c. CITY OR TOWN <u>Rural, Bogle Town.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N.E. of Gentry</u>		Length of stay in lb lifetime	d. STREET ADDRESS (If outside, give location) <u>N.E. of Gentry</u>
3. NAME OF DECEASED (Type or print) First <u>Porter</u> Middle <u></u> Last <u>Hazelwood</u>			4. DATE OF DEATH Month <u>February</u> Day <u>17</u> Year <u>1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 3, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	9. AGE (In years last birthday) <u>73</u>
11. BIRTHPLACE (City and state or country) <u>Gentry Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John W. Hazelwood</u>		14. MOTHER'S MAIDEN NAME <u>Malissa Gabbert</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT Address <u>Mrs. George Whittington Gentry, Mo</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hydrostatic Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>72 Hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Paralysis From Cerebral Hemorrhage</u>			<u>7 yrs</u>
DUE TO (c) <u></u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>331X</u>			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 <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>			
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 <u>Oct. 17, 1956</u> to <u>Feb. 17, 1959</u> and last saw <u>him</u> alive on <u>Feb. 17, 59</u> Death occurred at <u>10:00</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. D. Merrill</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Gentry, Missouri</u>	22c. DATE SIGNED <u>Feb. 18-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Feb. 19. 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highridge</u>	23d. LOCATION (City, town, or county) (State) <u>Stanberry, Missouri</u>
24. FUNERAL DIRECTOR <u>Clifford Brooks</u> ADDRESS <u>Albany, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-19-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 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 a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. D. S. Merrill

MEDICAL CERTIFICATION

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^{me}....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald E. Cocheff*.....

Licensed Embalmer No..... 486

P. O. Address *Albany, 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.