

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 27 1959

59-036606

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 498

ENDED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		Length of stay in 1b 3 weeks	c. CITY OR TOWN Southwest City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Southwest City
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Flora T. Hazelbaker			4. DATE OF DEATH Month Oct. Day 9 Year 1959		
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-3-1877	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Madison Co. Ark.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wm. J. Selby		13b. MOTHER'S MAIDEN NAME Elizabeth Batton		14. NAME OF HUSBAND OR WIFE Noah Hazelbaker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address N.D. Hazelbaker Jonesboro, Ark.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolis		INTERVAL BETWEEN ONSET AND DEATH about one minute.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness (e.g., fracture, pneumonia, etc.) Left intertrochanteric fracture (reduced & pinned) 9-15-59 Bronchopneumonia, left lung.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year
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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 Southwest City	COUNTY Missouri	STATE
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21. I attended the deceased from **9-15-59** to **10-9-59** and last saw ^{her}_{him} alive on **10-9-59**
Death occurred at **4:55 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. E. DeTear, Jr. M.D.	(Degree or title)	22b. ADDRESS 410 Jackson, Joplin, Mo.	22c. DATE SIGNED 10-15-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-12-1959	23c. NAME OF CEMETERY OR CREMATORY Wann Cemetery	23d. LOCATION (City, town, or county) (State) Southwest City, Missouri
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24. FUNERAL DIRECTOR Humphrey & Son	ADDRESS Noel, Missouri	25. DATE RECD. BY LOCAL REG. 10-21-1959	26. REGISTRAR'S SIGNATURE Noel Merriam
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 12 1959

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 Maynes E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Parisville

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.