

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017996

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED FILED JUN 13 1961 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 113

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CARTHAGE</b>		Length of stay in 1b <b>7 YRS.</b>	c. CITY OR TOWN <b>CARTHAGE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1115 S. MAIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1115 S. MAIN</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HARRY WEST HAZELWOOD</b>			4. DATE OF DEATH Month Day Year <b>JUNE 4, 1961</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-6-1884</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET'D. ENGINEER</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>CHICAGO, GRWES. R.R.</b>	9c. AGE (last birthday) <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET'D. ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CHICAGO, GRWES. R.R.</b>	10c. BIRTHPLACE (City and state or country) <b>MINNEAPOLIS, MINN.</b>
11. BIRTHPLACE (City and state or country) <b>MINNEAPOLIS, MINN.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ROBERT HAZELWOOD</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH CAMPBELL</b>	14. NAME OF HUSBAND OR WIFE <b>ILA M. PEARSON</b>
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>NO</b>	17. INFORMANT Address <b>ROBT. HAZELWOOD, 1813 S. GARRISON</b> <b>CARTHAGE, 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>Myocardial Infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary atherosclerosis</b> DUE TO (c) <b>Atherosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Two Weeks</b> " " " "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus Insid.</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 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 <b>2-20-59</b> to <b>6-4-61</b> and last saw him alive on <b>4-20-61</b> . Death occurred at <b>6:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>1515 HAZEL, CARTHAGE, MO.</b>	22c. DATE SIGNED <b>5-5-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JUNE 8, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PARK CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>CARTHAGE, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>THE ULMER FUNERAL HOME, CARTHAGE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6-6-61</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

JUN 14 1961

JUN 13 1962

**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 *Edwin E. Shive*

Licensed Embalmer No. 4955

P. O. Address CARTHAGE, 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.