

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026381

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 153

AMENDED

FILED JUL 6 1961

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. CHARLES</u>	Length of stay in 1b <u>VISIT</u>	c. CITY OR TOWN <u>OVERLAND</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GRATON FERRY LANDING</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10430 LIBERTY</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>RAY VERNON HAZER JR</u>			4. DATE OF DEATH Month Day Year <u>JUNE 25 1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC. 22 1921</u>	9. AGE (last birthday) <u>39</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHIEF</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNION HALL</u>		11. BIRTHPLACE (City and state or country) <u>WICHITA KANS</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>RAY VERNON HAZER SR</u>		13b. MOTHER'S MAIDEN NAME <u>EVA BELLE JACKSON</u>	
14. NAME OF HUSBAND OR WIFE <u>JOAN HAZER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.II</u>		17. INFORMANT Address <u>JOAN HAZER, OVERLAND 14. 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) massive hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) propellor blade slashing through skull

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Victim was overthrown from boat into water; boat running wild, turned around and headed toward him - he tried to go under.

20c. TIME OF INJURY Hour Month, Day, Year  
2:00 p.m. 6 25 61

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RIVER OUTING

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
Portage twsp. ST. CHARLES. MO

21. I attended the deceased from first view on June 26, 1961 last saw her on \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank R. Amalongo Coroner

22b. ADDRESS 12 Cunningham Ct St. Charles Mo

22c. DATE SIGNED 6/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE JUNE 29, 1961

23c. NAME OF CEMETERY OR CREMATORY FIFE BARRACKS NAT'L CEM

23d. LOCATION (City, town, or county) ST. LOUIS MO

24. FUNERAL DIRECTOR ADDRESS Wacker-Heldale, 3634 Franklin St. St. Louis

25. DATE RECD. BY LOCAL REG. JUNE 26-61

26. REGISTRAR'S SIGNATURE Marcene Wilson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

JUL 11 1961

JUL 2 1961

**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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville

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.