

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-038472

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

37
FILED OCT 29 1962

Registration District No.

3023

Registrar's No.

259

STATE FILE NUMBER

VS 300
Rev. 4/59

6425

20080

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9332X

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122-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MO b. COUNTY BENTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLINTON		c. CITY OR TOWN WARSAW	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hosp		d. STREET ADDRESS (If outside, give location) ---	
3. NAME OF DECEASED (Type or print) GERALDINE CARMON HAZEL		4. DATE OF DEATH Month Oct Day 26 Year 1962	
5. SEX FEMALE	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 Aug 1, 1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY ---	
11a. FATHER'S NAME Harry Earl Richardson		11b. MOTHER'S MAIDEN NAME Ruby Mildred Brialety	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12b. SOCIAL SECURITY NO. 495-20-7704	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis DUE TO (b) Cerebral Thrombosis DUE TO (c) Unknown		14. NAME OF HUSBAND OR WIFE Walter Hazel	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 --- a.m. --- p.m. Month, Day, Year 10-23-62	
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 BENTON STATE MO	
21. I attended the deceased from 10-23-62 to 10-26-62 and last saw her/him alive on 10-26-62 Death occurred at 9:35 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clinton P. Glospe		22b. ADDRESS Clinton Mo.	
22c. DATE SIGNED 10/27/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE OCT 28, 1962		23c. NAME OF CEMETERY OR CREMATORY New Home Cemetery	
23d. LOCATION (City, town, or county) Warsaw Benton Co. Mo		24. FUNERAL DIRECTOR John F. Reser	
25. DATE RECD. BY LOCAL REG. OCT. 27, 1962		26. REGISTRAR'S SIGNATURE Mildred Bigum	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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

John F. Reser

Licensed Embalmer No.

4098

P. O. Address

Warsaw

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.

Permit issued 10-27-62 M.B. & B.