

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010937
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 152

VS 300
Rev. 4/59
6269
20147
3
4 0
5 1
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3592X
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		Length of stay in 1b <u>38 days</u>		c. CITY OR TOWN <u>New Bloomfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Charles E. Still Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Jefferson City, Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>Oran</u> Middle <u>Ivan</u> Last <u>Hazlett</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>4</u> Year <u>63</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>8/31/01</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prison-Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Prison-Guard</u>		11. BIRTHPLACE (City and state or country) <u>Guthrie, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>United States</u>		13a. FATHER'S NAME <u>William Hazlett</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Anna Wilkerson</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah Phillips</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>			
16. SOCIAL SECURITY NO. <u>364 Mrs. SARAH Hazlett-Jefferson City, Mo</u>		17. INFORMANT <u>Sarah Phillips</u>			
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> DUE TO (b) <u>uremia</u> DUE TO (c) <u>chronic glomerular nephritis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>chronic</u> <u>chronic</u>		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	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.) <u>4-3-63</u>		20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>4-3-63</u> to <u>4-8-63</u> and last saw him alive on <u>4-7-63</u> Death occurred at <u>4:27 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R D Ala Utterberg MD</u>		22b. ADDRESS <u>Jefferson City, Mo</u>		22c. DATE SIGNED <u>4/8/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-10-1963</u>		23c. NAME OF CEMETERY OR CREMATOR <u>HAWTHORN Memorial</u>	
23d. LOCATION (City, town, or county) <u>Jefferson City, Missouri</u>		24. FUNERAL DIRECTOR <u>TANNER FUNERAL Home - Jeff City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9 April 1963</u>	
26. REGISTRAR'S SIGNATURE <u>R.P. Davis</u>		27. REGISTRAR'S SIGNATURE <u>R.P. Davis</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

APR 29 1963

APR 22 1963

APR 15 1963

FEB 11 1964

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 *Ornel Howard Jones*

Licensed Embalmer No. 4411

P. O. Address Belle Me.

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.