

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15131

FILED JUN 7 1954

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Dept</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 9</u> 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shady Slope Camp</u>		d. STREET ADDRESS (If rural, give location) <u>3450 Taska,</u> 1	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>	b. (Middle) <u>P</u>	c. (Last) <u>Hayzel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 - 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct 23 1929</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work and specify part of working life year if varied) <u>Wre House Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Henry P Hayzel</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Rich Statter</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-22-4479</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry P Hayzel as above</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accidental Drowning</u>		
	DUE TO (c) <u>Fell in the Lake</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fishing at night.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>On Lake of the Ozarks just above Slays Bridge on HW #54</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, auto, bldg., etc.) <u>Lake of the Ozarks</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Camden Camden MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 30 1954 A. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>While fishing.</u>
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22. I hereby certify that I attended the deceased from June 2, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 to 5 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Abrie Baucom Wooley, Coroner</u>	23b. ADDRESS <u>Camden town MO</u>	23c. DATE SIGNED <u>June 2-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Louis</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis, MO</u>
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DATE REC'D BY LOCAL REG. <u>June 3-1954</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>420 Kriegerhaus</u>	ADDRESS <u>St Louis, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Prepared} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robbie Bankson Woalery

Licensed Embalmer No. 2488

P. O. Address Dandenton Md

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 this body is not embalmed, fact should be so stated above.