

AUG 26 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26166

Do not use this space.

## 1. PLACE OF DEATH

(a) County Livingston Registration District No. 512  
(b) Township Green Primary Registration District No. 5682 Registered No. 6  
(c) or City 2 1/2 miles S. W. Utica, Mo. (d) Street No. 2 1/2 miles S. W. Utica, Mo. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mon. ds.

2. PRINT FULL NAME Melissa Ann Hawkins

(a) Residence, No. 2 1/2 miles S. W. Utica, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>O. S. Hawkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24, 1854</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>3</u>
	DAYS <u>13</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kirksville Missouri</u>		
FATHER	13. NAME <u>M. G. Hawkins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Matilda Wright</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Miss Ethel Hawkins</u> (ADDRESS) <u>R. F. D. Utica, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Utica</u> DATE <u>7-9</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Frank B. Norman</u> (ADDRESS) <u>Chillicothe, Missouri</u>		
20. FILED <u>July 9, 1939 Hazel Stamps</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1939

I HEREBY CERTIFY, That I attended deceased from June 15, 1939 to July 7, 1939, 1939  
I last saw him alive on July 6, 1939. Death is said to have occurred on the date stated above, at 12 P. M.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis + myocardial degeneration aton about 1914  
43 C  
Date of onset

Other contributory causes of importance:

Embolic thrombosis of femoral artery (rt) 7/1/39

Name of operation none Date of .....  
What test confirmed diagnosis chest Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify: .....  
(Signed) G. W. Carpenter M. D.  
457 (Address) Chillicothe, Mo.

RECEIVED

District Health Officer No. 111

District File Number 839-1065

Date Filed AUG 14 1939

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.....

Elton F. Norman....., Registered Apprentice No.....  
working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.