

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

**36111**  
Do not use this space.

NOV 9 1939

1. PLACE OF DEATH  
 (a) County GREENE Registration District No. 320  
 (b) Township Center Primary Registration District No. 5443  
 (c) City SPRINGFIELD (d) Street No. \_\_\_\_\_ (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 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Common Lane Hawkins  
 (a) Residence, No. Ash Grove Mo. St.  Ash Grove Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May H. Hawkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19-1889

7. AGE YEARS 50 MONTHS 3 DAYS 10 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver  
 9. Industry or business in which work was done, as saw mill, bank, etc. Cel. Co.  
 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) Tenn.

FATHER  
 13. NAME Joseph Hawkins  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER  
 15. MAIDEN NAME Elizabeth Presnell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) May H. Hawkins Ash Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Grove Mo. DATE Oct. 30 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Levee Brim Walnut Grove Mo.

20. FILED Oct 1 1939 Lucy P. Hoyt Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him dead alive on Oct. 29 39, 1939. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:  
Burns of entire body  
4th + 5th degree  
 Date of onset 10/27/39

Other contributory causes of importance: 10/10

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 10-29, 1939  
 Where did injury occur? Ant 66-10 miles W of Springfield  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. High way

Manner of injury Car hit truck but didn't get upended  
 Nature of injury Burns of entire body from gasoline

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) Levee Brim, M. D.  
 (Address) Walnut Grove Mo.  
Springfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**