

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5387

State File No. 3-29-35

539

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5630</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Laclede</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Laclede</u>		admission. <u>53</u>	
b. CITY OR TOWN <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>		c. CITY OR TOWN <u>Rural</u>		0 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rout I Lebanon</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. I. Lebanon</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Lydia</u>	b. (Middle) <u>Pearl</u>	c. (Last) <u>Hawkins</u>	(Month) <u>3</u>	(Day) <u>1</u>	(Year) <u>49</u>	F	1
6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 13 1892</u>	9. AGE (In years last birthday) <u>57</u>	10. UNDER 1 YEAR Months _____	10. UNDER 1 YEAR Days _____	10. UNDER 1 YEAR Hours _____	10. UNDER 1 YEAR Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Laclede county Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. A. Gooss</u>		13b. MOTHER'S MAIDEN NAME <u>Mary K. Manning</u>		14. NAME OF HUSBAND OR WIFE <u>George A. Hawkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George A. Hawkins</u> ADDRESS _____			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>				<u>6 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Pneumonia Feb 6 - 1949</u>				<u>1 month</u>	
		DUE TO (c) <u>Possible T.B.</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. O. Bolser</u> (Degree or title) _____				23b. ADDRESS <u>LEBANON, MISSOURI</u>		23c. DATE SIGNED <u>3/3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/4/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Pond Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede county Mo.</u>		
DATE REC'D BY LOCAL REG. <u>March 5-49</u>		REGISTRAR'S SIGNATURE <u>Louise B. Lundy</u>		419 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Palmer</u>		ADDRESS <u>Lebanon, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Mayna Ruth Allen

Student Embalmer No. 295

working under my personal supervision.

Student
Student Embalmer

Signed Richard S. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, Mo.

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.