

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5886

BIRTH NO. 124 REG. DIST. NO. 216 PRIMARY REG. DIST. NO. 4462 Registrar's No. 79

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

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELVINS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BISMARCK	
c. LENGTH OF STAY (In this place) 3 MO.		d. STREET ADDRESS (If rural, give location) 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Georgia Annie Hawthorne			4. DATE OF DEATH (Month) (Day) (Year) MARCH 4 1949		
a. (First)	b. (Middle)	c. (Last)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. MONTHS
		HAWTHORNE	July 15, 1899	71	7 19
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARE OF HOME			11. BIRTHPLACE (State or foreign country) MINE LAURETTE Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Hand		13b. MOTHER'S MAIDEN NAME Lucinda Adams		14. NAME OF HUSBAND OR WIFE HENRY A. HAWTHORNE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Thurman Hawthorne ADDRESS BISMARCK, MO.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of colon		INTERVAL BETWEEN ONSET AND DEATH 1 year	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		152X	

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) (Min.)		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 **Nov. 30, 1948**, to **Mar. 4, 1949**, that I last saw the deceased alive on **Mar. 4, 1949**, and that death occurred at **8:04 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Byron H Taylor MD (1)		23b. ADDRESS 214 W. Main, Flat Room, Mo.		23c. DATE SIGNED 3-7-1949	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-7-49		24c. NAME OF CEMETERY OR CREMATORY WOMACK		24d. LOCATION (City, town, or county) (State) WOMACK, MO	
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DATE REC'D BY LOCAL REG Mar 7, 1949		REGISTRAR'S SIGNATURE Esther Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Bayne & Son ADDRESS Desloge, Mo.	
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RECEIVED

Officer No. 4

349-3

3-14-49

MAR 29 1949

MAR 29 1949

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
Student Embalmer

Signed *J. T. Dyer*

Licensed Embalmer No. 3460

P. O. Address *Sealock, 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.