

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

FILED MAR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2125

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada	c. LENGTH OF STAY (in this place) 45	c. CITY (If outside corporate limits, write RURAL and give township) Nevada	
d. FULL NAME OF HOSPITAL OR INSTITUTION 422 N. Elm		d. STREET ADDRESS (If rural, give location) 422 N. Elm	

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle) Elliott	c. (Last) Hawkins	4. DATE OF DEATH (Month) (Day) (Year) 2-16-49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-18-1877	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 4 HRS. Hours 19 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retiree	10b. KIND OF BUSINESS OR INDUSTRY Railroading	11. BIRTHPLACE (State or foreign country) ALBANY Pleasant Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME D. Hawkins	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Grace Lee Hawkins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish American	16. SOCIAL SECURITY NO. 1	17. INFORMANT'S SIGNATURE OR NAME Wilbur Huston	ADDRESS Nevada
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4 1/2
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute left ventricular failure.		
	DUE TO (c) (Had been dead several hours when found.)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4 1/2	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 **19** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.D. Sheerman Coroner	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 2-21-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-19-49	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	24d. LOCATION (City, town, or county) (State) Nevada, Mo.
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DATE REC'D BY LOCAL REG. Feb. 24, 1949	REGISTRAR'S SIGNATURE Kathryn Yancey	331	25. FUNERAL DIRECTOR'S SIGNATURE Mark C. Cochran	ADDRESS Nevada, Mo
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(Licensed Embalmer's Statement on Reverse Side)

MAY 11 1945

RECEIVED

District Health Officer No.

District File Number 1-49-1

Date Filed 2-28-49

MAR 3 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 Mark E. Schinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo.

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

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