

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9222

No. 300  
10.48

64  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD #18 Not Complete

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5761</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> <u>64</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Palmyra</u>		<u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>315 W. Church</u> <u>D</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>			b. (Middle) <u>MURRELL</u>			c. (Last) <u>HAWKINS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 6th 1949</u>		5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 5th 1912</u>		9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR: Months <u>7</u> Days <u>1</u>		IF UNDER 2 HRS. Hours <u>2</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Earl Hawkins</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Groseclose</u>		14. NAME OF HUSBAND OR WIFE <u>Ina Derr Hawkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>World War 2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ina Derr Hawkins</u>		ADDRESS <u>Palmyra Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES <u>Malignant Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>317</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>317</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>  <u>Unknown</u>	
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 <u>2/1</u> , 19 <u>47</u> , to <u>Mar 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 6</u> , 19 <u>49</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. H. Hill M.D.</u>				23b. ADDRESS <u>Palmyra Mo.</u>		23c. DATE SIGNED <u>3/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 9th 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Downing</u>		24d. LOCATION (City, town, or county) (State) <u>Downing Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-19-49</u>		REGISTRAR'S SIGNATURE <u>By Thola Eves Deputy</u>		FUNERAL DIRECTOR'S SIGNATURE <u>E. D. Sproule</u>		ADDRESS <u>Palmyra Mo.</u>	

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