

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11472

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5715 Registrar's No. 215

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

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CROOKED CREEK</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Crooked Creek</u>		d. STREET ADDRESS (If rural, give location) <u>near Bessville, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>BOLLINGER Co. Mo. 1</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>MAY</u> c. (Last) <u>HAWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 6 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 24, 1877</u>	9. AGE (In years last birthday) <u>71</u>	10. IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u> Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HWF</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Duquoin, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES BEMING</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND <u>CHARLEY HAWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLEY HAWN BESSVILLE, 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>Cardiac Decompensation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of Liver</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH          <u>5810</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Typed or title) <u>John J. Myers, Jr.</u>		23b. ADDRESS <u>Sentersville Mo.</u>		23c. DATE SIGNED <u>4/6/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>Apr. 11-1949</u>	REGISTRAR'S SIGNATURE <u>Willie Van Dusen</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BAKER FUNERAL HOME BESSVILLE Mo.</u>		
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4  
File Number 449-5  
Date Filed 4-19-49

**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.

Signed J. E. Graham

Signed.....  
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Luttrell, W. Va.

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.