

FILED APR 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11696

14
1
2
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 128

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Calloway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturgeon Mo.</u> | |
| c. LENGTH OF STAY (in this place) <u>8 mo</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shoof Nursing Home, 4 1/2 S. 1st St., Fulton, Mo.</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Sarah</u> (Type or Print) | | b. (Middle) <u>Kate</u> | |
| | | c. (Last) <u>Hawkins</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 - 1949</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>July 13 - 1859</u> |
| 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months <u>9</u> | IF UNDER 1 YEAR Days <u>2</u> | IF UNDER 1 Hrs. Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>Prof.</u> | 11. BIRTHPLACE (State or foreign country) <u>Andrew Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |
| 13a. FATHER'S NAME <u>Thomas L. Hawkins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ann Elizabeth Taylor</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>DK</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Wendell Hawkins</u> | | ADDRESS <u>Sturgeon 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>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Deeulitus.</u> DUE TO (c) <u>Fract. Lt. Hip.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>69049</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>45'</u> | |
| 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>approx. approx.</u> | |
| 22. I hereby certify that I attended the deceased from <u>Mar 19</u> , 19 <u>49</u> , to <u>Apr 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr 9</u> , 19 <u>49</u> , and that death occurred at <u>10am</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>John J. Brown M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Fulton</u> | |
| 23c. DATE SIGNED <u>4-16-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u> | 24b. DATE <u>4-15-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u> | 24d. LOCATION (City, town, or county) (State) <u>Sturgeon - Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>April 16 1949</u> | REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> | 426 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Business Booth</u> ADDRESS <u>Sturgeon-Mo</u> |

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 28 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 *W. E. Boothe*

Licensed Embalmer No. *4087*

P. O. Address *Sturgeon - 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.