

FILED MAY 27 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14847

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

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5721 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Boone</u> <u>Perchie Township</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) <u>Browns Station</u>		c. LENGTH OF STAY (in this place) <u>43 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Browns Station</u>		10
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>			d. STREET ADDRESS (If rural, give location) <u>Route 1 Perchie Township</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>HAWKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 23, 1886</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John W. Jennings</u>		13b. MOTHER'S MAIDEN NAME <u>Dorcas Ann Barnes</u>	14. NAME OF HUSBAND OR WIFE <u>G.E. Hawkins</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G.E. Hawkins, Route 1, Browns Station, Mo</u> ADDRESS _____		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic interstitial myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>48 22</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity Polyglandular disturbance</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>Cosmos, Mo</u> , 19 <u>19</u> , to <u>quest</u> , 19 <u>19</u> , that I last saw the deceased alive on _____, 19 <u>19</u> , and that death occurred at <u>1:20 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Harry M. Griffith, M.D.</u> (Degree or title)		23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>5-21-49</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 21 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		31	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parer Funeral Service, Columbia, Mo</u>	

RECEIVED
District Health Officer No. 9,
District File Number
MAY 26 1949
Date Filed

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

M. S. Whitcomb

Licensed Embalmer No. 3898

P. O. Address Columbia

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.