

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25893

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6231 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR#1 Richland Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR#1 - Richards rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR#1 - Richards		d. STREET ADDRESS (If rural, give location) RR#1 Richland Twp.	
3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Aaron c. (Last) Hawley			4. DATE OF DEATH July 17, 1949
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married (Specify)	8. DATE OF BIRTH 6-10-1875
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Iowa
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Hawley		13b. MOTHER'S MAIDEN NAME Sylvia Johnson	14. NAME OF HUSBAND OR WIFE Clara Ann Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Ann Thomas-RR#1, Richards
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) Coronary Occlusion ANTECEDENT CAUSES Chronic Coronary Heart Disease DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Diabetes Mellitus 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (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) _____			
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 May 11th 1949 , to July 17, 1949 , that I last saw the deceased alive on July 12, 1949 , and that death occurred at home from the causes and on the date stated above.			
23a. SIGNATURE R. F. Young (Degree or title)		23b. ADDRESS Fort Scott, Kansas	
23c. DATE SIGNED 7/19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 20, 1949	
24c. NAME OF CEMETERY OR CREMATORY Deerfield Cemetery		24d. LOCATION (City, town, or county) (State) Deerfield, Missouri	
DATE REC'D BY LOCAL REG. July 22, 1949		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Mortuary-Fort Scott, Kansas	

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

RECEIVED

District Health Officer No. 7;

District File Number 7-49-942

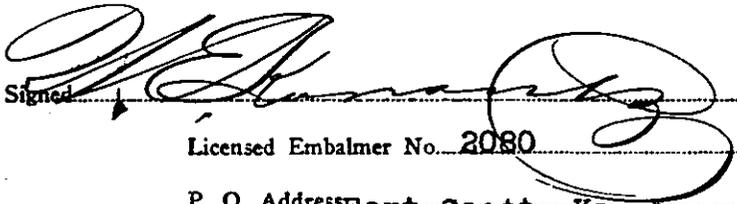
Date Filed 8-5-49

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, ~~XXX~~.....

..... Student Embalmer No.

working under my personal supervision.

Signed 

Signed

Student Embalmer

Licensed Embalmer No. 2080

P. O. Address Port Scott, Kansas

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.