

FILED SEP 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27512

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5842</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Racine</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Racine</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ozroe</u>		b. (Middle) _____		c. (Last) <u>Hawk</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 30, 1883</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>/</u>		11. BIRTHPLACE (State or foreign country) <u>Billings, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Hawk</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Litrell</u>		14. NAME OF HUSBAND OR WIFE <u>Zelpha</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Zelpha Hawk Racine, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</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>10 days</u> <u>4 hrs</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>July</u> , 19 <u>48</u> , to <u>Aug 30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 28</u> , 19 <u>49</u> , and that death occurred at <u>5 A.</u> m., from <u>the</u> causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. R. Roberts D.O.</u>				23b. ADDRESS <u>Seneca Mo.</u>		23c. DATE SIGNED <u>8/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/1/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burkhart Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Racine Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-31-49</u>		REGISTRAR'S SIGNATURE <u>Phyllis Binte</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Beddell</u>		ADDRESS <u>Seneca Mo</u>	

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

RECEIVED

District Health Officer No. Newton Co. HEALTH UNIT

District File Number 949-148

Date Filed SEP 6 1949

SEP 13 1949

SEP 23 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 Dillmore

Licensed Embalmer No. 2174

P. O. Address Seneca 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.