FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30969

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St, Francis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Alabama
b. COUNTY: 4-14
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lawn Creek
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): L,
b. (Middle): C.
c. (Last): Hawkins

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5. 1949

5. SEX: male 2
6. COLOR OR RACE: negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 1
8. DATE OF BIRTH: unknown
9. AGE (In years last birthday): 40 yrs
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):
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): unknown 9
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 422-24-7729
17. INFORMANT'S SIGNATURE OR NAME: none
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head Injury, c̄ Concussion, Severe

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Injury 7-30-49
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: EXOD 46

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): AT + ST right of way
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Marceline (in Chariton) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 30 49 before 7:00 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: unknown 21

22. *I hereby certify that I attended the deceased from* 7-30, 1949, *to* 8-5, 1949, *that I last saw the deceased alive on* 8-5, 1949, *and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert W. Smith M.D.
23b. ADDRESS: Marceline, Mo
23c. DATE SIGNED: 8-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-9-1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24d. LOCATION (City, town, or county) (State): Marceline, Mo.

DATE REC'D BY LOCAL REG.: Aug 9, 1949
REGISTRAR'S SIGNATURE: Mary Jane Owens 40
25. FUNERAL DIRECTOR'S SIGNATURE: James McLaughlin
ADDRESS: Marceline,

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 4 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Blanche M Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.