

FILED OCT 15 1949

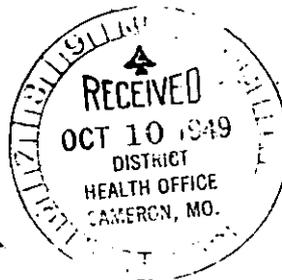
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30982

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3640 Registrar's No. 124

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

1. PLACE OF DEATH a. COUNTY <i>Livingston</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Livingston</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Chillicothe</i> c. LENGTH OF STAY (In this place) <i>10 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Chillicothe</i> <i>51</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Chillicothe Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>12</i>	
3. NAME OF DECEASED a. (First) <i>Lutitia</i> b. (Middle) <i>Lauretta</i> c. (Last) <i>Hawk</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 28 1949</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept 28 1868</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Chillicothe, Mo</i>
12a. FATHER'S NAME <i>John R. Middleton</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Breeden</i>	14. NAME OF HUSBAND OR WIFE <i>U.S.A.</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Miss Olive Brist - Chillicothe, Mo.</i> ADDRESS <i>Chillicothe, Mo.</i>
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) <i>Congestive Heart Failure</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Unknown</i> DUE TO (c) <i>Unknown</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>None</i>		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) <i>Chillicothe Mo. Livingston MO</i>	
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?	
22. I hereby certify that I attended the deceased from <i>Sept 21 1949</i> to <i>Sept 28 1949</i> , that I last saw the deceased alive on <i>Sept 28 1949</i> , and that death occurred at <i>9 A. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Emogene V. MD</i> (Degree or title)		23b. ADDRESS <i>Chillicothe, Mo. Sept 29 49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>9/29/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Edgewood</i>	24d. LOCATION (City, town, or county) (State) <i>Chillicothe, Mo.</i>
DATE REC'D BY LOCAL REG <i>Sept. 29 1949</i>	REGISTRAR'S SIGNATURE <i>Francis B. Nail</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ronald Gordon</i> ADDRESS <i>Chillicothe, Mo.</i>	



**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 Ronald Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.