S. No. 300
v. 10-48

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5545

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5831 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) "Rural" Stark City
c. LENGTH OF STAY (in this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) "Rural" 0130
d. STREET ADDRESS (If rural, give location) R1 Stark City Mo

3. NAME OF DECEASED (Type or Print)
a. (First) Holly
b. (Middle) FRANKLIN
c. (Last) HAWK

4. DATE OF DEATH (Month) (Day) (Year) Feb 7 1950

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 2-1880
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 3 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Newton County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME David Eli Hawk
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Marvin Hawk - Stark City Mo 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) Carcinoma of Prostate with Metastasis — INTERVAL BETWEEN ONSET AND DEATH Last 8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anemia — about One year
DUE TO (c) Nephritis — about 6 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — unknown

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☐

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) 177X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 14th, 1948, *to* Feb 7th, 1950, *that I last saw the deceased alive on* Feb 4th, 1950, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Melvin C. Bowman (Degree or title) MD
23b. ADDRESS Neosho, Mo
23c. DATE SIGNED Feb 9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 9, 1950
24c. NAME OF CEMETERY OR CREMATORY Mt Chapel Cemetery
24d. LOCATION (City, town, or county) (State) "Rural" Newton Co Mo

DATE REC'D BY LOCAL REG. Feb. 16 1950
REGISTRAR'S SIGNATURE Alpha Dyer 369
25. FUNERAL DIRECTOR'S SIGNATURE Dillon Funeral Home ADDRESS Monett, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 250-47

Date Filed FEB 20 1950

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed David Dillon

Signed _____
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Monett, Missouri

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.