

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11996**BIRTH NO. 19699-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 451

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (In this place) 2 hrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Center Twp. 0110	
		d. STREET ADDRESS (If rural, give location) R.F.D. # 1, Halls, Mo.	

3. NAME OF DECEASED (Type or Print)		a. (First) Russell		b. (Middle) Paul		c. (Last) Hawkins		4. DATE OF DEATH (Month) 4 (Day) 11 (Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		8. DATE OF BIRTH 4-11-1950		9. AGE (In years last birthday) 5 <input type="checkbox"/> UNDER 1 YEAR Months 2 <input type="checkbox"/> UNDER 6 HRS. Days 2 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James Hawkins		13b. MOTHER'S MAIDEN NAME Dorothy J. Gardner		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME James Hawkins, Rt. # 1, Halls, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, primary, bilateral		INTERVAL BETWEEN ONSET AND DEATH 2 3/4 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity (3 lbs 14oz)			
		DUE TO (c) Premature labor			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	
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 **7:48 AM 4/11 1950**, to **10:30 AM 4/11 1950**, that I last saw the deceased alive on **10:30 AM 4/11 1950**, and that death occurred at **10:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. C. Williams M.D. (Degree or title)		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 4/13/50	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 4-13-50		24c. NAME OF CEMETERY OR CREMATORY # 6 Cemetery	
				24d. LOCATION (City, town, or county) (State) Frazier, Missouri	

DATE REC'D. BY LOCAL REG. April 15, 1950		REGISTRAR'S SIGNATURE E. B. Jenkins		5. FUNERAL DIRECTOR'S SIGNATURE Pluto Rupp ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10-48

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

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address

St. Joseph, 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.