

S. No. 300  
v. 10.48

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12454

0343

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5398 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keltner, R. Buchanan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keltner, Rural, Buchanan (D)	
c. LENGTH OF STAY (in this place) 80		d. STREET ADDRESS (If rural, give location) 034 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Guss b. (Middle) c. (Last) Hawkins			4. DATE OF DEATH (Month) (Day) (Year) 3-17-50
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed h	8. DATE OF BIRTH 8-18-69
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	11. BIRTHPLACE (State or foreign country) Decator, Ohio
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Abraham Hawkins		13b. MOTHER'S MAIDEN NAME Jane Weaver	14. NAME OF HUSBAND OR WIFE Nellie Hawkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS NO. Floyd Hawkins Shadwick,	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) arterial sclerosis 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? 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 Jan 6, 1950, to March 17, 1950, that I last saw the deceased alive on Mar 9, 1950, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE R.R. Fastling 0 (Degree or title) M.D.		23b. ADDRESS Oak mo	23c. DATE SIGNED 3-21-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-19-50	24c. NAME OF CEMETERY OR CREMATORY Hall	24d. LOCATION (City, town, or county) (State) Keltner, Missouri
DATE REC'D BY LOCAL REG. Apr. 4-50	REGISTRAR'S SIGNATURE Vestal Bushman 84	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chinkingbeard Funeral Home, Ava, Mo	

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

RECEIVED APR 10 1950  
District Health Office No. 6,  
District File Number 450-431  
Date Filed 4-10-50

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

*Charles R. Fish*

Licensed Embalmer No. 4662

P. O. Address Ava, 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.