S. No. 300
v. 10-48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16204

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron
c. LENGTH OF STAY (In this place) 2 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cameron. Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron.
d. STREET ADDRESS (If rural, give location) N. Chestnut

0251

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Emmett c. (Last) Hawks

4. DATE OF DEATH (Month) (Day) (Year) April-27-1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 27. 1874
9. AGE (In years last birthday) 76 If under 1 year: Months Days If under 1 day: 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 Farming.
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hawks
13b. MOTHER'S MAIDEN NAME Sarah Ballard
14. NAME OF HUSBAND OR WIFE Mary C. Hawks Cameron MO

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. –
17. INFORMANT'S SIGNATURE OR NAME Mrs Mary C. Hawks ADDRESS Cameron MO

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 15 years
DUE TO (c) Diabetes Mellitus — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility
Hypertrophy Prostate Gland — 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) 4221

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* 10-17, 1949, *to* 4-27, 1950, *that I last saw the deceased alive on* 4-26, 1950 *and that death occurred at* 2:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE G. F. Netherton (Degree or title) MD
23b. ADDRESS Cameron Mo
23c. DATE SIGNED 4-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-30-1950
24c. NAME OF CEMETERY OR CREMATORY Osborn Cemetery
24d. LOCATION (City, town, or county) (State) Osborn Mo.

DATE REC'D BY LOCAL REG. 5-2-50
REGISTRAR'S SIGNATURE Winifred W. Moser 390
25. FUNERAL DIRECTOR'S SIGNATURE DeMoss Crunk ADDRESS Cameron Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
8 1950
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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.