No. 300
10-48

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22814

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 855

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (in this place): 9 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 721 North 23rd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
d. STREET ADDRESS (If rural, give location): 721 North 23rd St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle): Eva
c. (Last): Hawk

4. DATE OF DEATH (Month) (Day) (Year): July 20, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 18, 1894
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Atwood, Kans
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Shaffer
13b. MOTHER'S MAIDEN NAME: Nellie
14. NAME OF HUSBAND OR WIFE: Geo. W. Hawk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 491-28-4028
17. INFORMANT'S SIGNATURE OR NAME: Geo. W. Hawk — ADDRESS: 721 No. 23rd

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): Cercinoma of uterus — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs (+)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 174X

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): St Joseph Buchanan Mo.
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* on 7/20, 1950, at time of Death, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Scott C. Benson M.D.
23b. ADDRESS: Corby Bldg
23c. DATE SIGNED: 7/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24, 1950
24c. NAME OF CEMETERY OR CREMATORY: Prarie Chapel Cem.
24d. LOCATION (City, town, or county) (State): Harrison County Mo

DATE REC'D BY LOCAL REG.: July 29, 1950
REGISTRAR'S SIGNATURE: E. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE: Herman Wm Indenfaden — ADDRESS: 1802 Union St

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Robert H. Yaple

Signed _____
Student Embalmer

Licensed Embalmer No. 3308

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.