

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24152**

BIRTH NO. _____ REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **5820** Registrar's No. **15**

1. PLACE OF DEATH
 a. COUNTY **New Madrid**
 b. CITY (If outside corporate limits, write RURAL and give town) **Gideon, Mo**
 c. LENGTH OF STAY (in this place) **10 yrs**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2 1/2 miles N. Gideon, Mo.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **NEW Madrid**
 c. CITY (If outside corporate limits, write RURAL and give township) **Anderson Township**
 d. STREET ADDRESS (If rural, give location) **2 1/2 miles N. Gideon, Mo.**

3. NAME OF DECEASED
 a. (First) **Myrtel** b. (Middle) **Ruby** c. (Last) **Hawkins**

4. DATE OF DEATH (Month) (Day) (Year)
DEATH July 13, 1950

5. SEX **female**
 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Sept. 26, 1906

9. AGE (In years last birthday) **42** 10. IF UNDER 1 YEAR Months **9** 11. IF UNDER 24 HRS. Days Hours Min. **17**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Housewife

11. BIRTHPLACE (State or foreign country)
Dyer Tenn.

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
John Duck

13b. MOTHER'S MAIDEN NAME
Hattie Wallace

14. NAME OF HUSBAND OR WIFE
James R. Hawkins

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.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
James R. Hawkins

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) **Concussion of Brain**
 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.

INTERVAL BETWEEN ONSET AND DEATH
1 day
154x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
Some work at Barnard Skin Cancer Hospital

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)
Malden MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 **June 24, 1950**, to **July 13, 1950**, that I last saw the deceased alive on **July 9, 1950**, and that death occurred at **8 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
D. Carlton V. Or

23b. ADDRESS
Malden Mo

23c. DATE SIGNED
July 14/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
July 14, 1950

24c. NAME OF CEMETERY OR CREMATORY
Mt. Geileap Cemetery

24d. LOCATION (City, town, or county) (State)
2 1/2 miles S. Malden, Mo.

DATE REC'D BY LOCAL REG.
July 13, 1950

REGISTRAR'S SIGNATURE
Mrs. Byron Ship

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ship's Day Funeral Home Malden, Mo

ADDRESS

(Licensed Emballer's Statement on Reverse Side)

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

SEP 7 1950

SEP 13 1950

RECEIVED JUL 20 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

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 J. W. Schuman
Licensed Embalmer No. 4086

P. O. Address Malden

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.