

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30451
3845

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>42 yrs</u>		d. STREET ADDRESS (If rural, give location). <u>3201 E. 26th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3201 E. 26th Street</u>		e. STREET ADDRESS (If rural, give location). <u>3201 E. 26th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Mae</u> c. (Last) <u>Hawkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-7-1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 6, 1890</u>		9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	
11. BIRTHPLACE (State or foreign country) <u>Columbus Ga.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13. IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seamstress</u>		11. BIRTHPLACE (State or foreign country) <u>Columbus Ga.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Lindsey J Price</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>William Hawkins</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. William Hawkins</u>		17. ADDRESS <u>same</u>		18. CAUSE OF DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9-7-50</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) <u>Hypertensive type Heart Disease</u>		DUE TO (c) _____			
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 9-7- 1950, to 9-7- 1950, that I last saw the deceased alive on 19 _____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>1433 E. 19th</u>		23c. DATE SIGNED <u>9/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>West Applegate & Jones Inc.</u>		24f. ADDRESS <u>1905 Vine Kansas City Mo.</u>	

DATE REC'D BY LOCAL REG. <u>9-9-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>West Applegate & Jones Inc.</u>	
25. ADDRESS <u>1905 Vine Kansas City Mo.</u>		26. DATE SIGNED _____		26. ADDRESS _____	

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

P.C.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Kenneth Keyser

Signed.....
Student Embalmer

Licensed Embalmer No. 4457

P. O. Address 1905 - 2nd St

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.