

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32280

BIRTH NO. 62654-50 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 178

972

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b> 1970	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Marshall Township</b> 0	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>Marshall, Mo. R.F.D.# 3.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Putnam Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Giles</b> b. (Middle) <b>Samuel</b> c. (Last) <b>Hawkins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 12, 1950</b>		
5. SEX <b>Male</b> 0		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>Sept. 11, 1950</b>		9. AGE (In years last birthday) <b>1</b> 1 YEAR <b>1</b> 1 DAY <b>1</b> 1 MIN.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b> 0		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE	

13a. FATHER'S NAME <b>George G. Hawkins Jr.</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Francis Yokley</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George G. Hawkins Jr. Marshall, Mo.</b> ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aspiration Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>7635</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prolonged Labor</b>				
		DUE TO (c) <b>Aspiration</b>				
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) m.		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 9-11, 1950, to 9-12, 1950, that I last saw the deceased alive on 9-12, 1950, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>J. H. Harris, D.O.</b> (Degree or title)		23b. ADDRESS <b>Marshall Mo</b>		23c. DATE SIGNED <b>9/13/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 13, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saline County, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Sept. 13-1950</b>		REGISTRAR'S SIGNATURE <b>Edwney J. Gray</b> 385		25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell &amp; Lewis</b> ADDRESS <b>Marshall, Mo.</b>	
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RECEIVED 9-  
DISTRICT HEALTH OFFICE No. :  
District File Number .....  
Date Filed 9-18-50

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 .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*James H. Lewis Jr.*

Licensed Embalmer No. 4709

P. O. Address *Marshall, 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.