

FILED DEC 2 1950

THE DIVISION OF HEALTH OF THE STATE OF KANSAS
STANDARD CERTIFICATE OF DEATH

State File No. 37375

Hawkins

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 150 | | PRIMARY REG. DIST. NO. 5574 | | Registrar's No. 204 | | | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-VanBuren Twp. | | c. LENGTH OF STAY (in this place) 0 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Kansas 8150 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 50 HiWay & Tarsney Rd. | | | | d. STREET ADDRESS (If rural, give location) 2619 N. 22nd. St. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Edward | | b. (Middle) Ernest | | c. (Last) Hawkins | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1950 | | | |
| 5. SEX Male 0 | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married / | | 8. DATE OF BIRTH Jan. 17, 1931 | | | |
| 9. AGE (In years last birthday) 19 | | 10. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Student | | 10b. KIND OF BUSINESS OR INDUSTRY School | | 9. AGE (In years last birthday) 19 | | | |
| 11. BIRTHPLACE (State or foreign country) Kansas City, Kansas / | | 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Edward T. Hawkins | | 13b. MOTHER'S MAIDEN NAME Helen A. Chabino | | | |
| 14. NAME OF HUSBAND OR WIFE ----- | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. No. | | 16. SOCIAL SECURITY NO. 512-26-1544 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward T. Hawkins 2619 N. 22nd. KCK | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured jaw fractured skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture Both Femurs DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH E 8166 # 2 1/2 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION History & Inspection 048 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 509 Hiway Jackson MO | | | | | |
| 21d. TIME OF INJURY 11-13-50 1:30 A.M. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Auto Accident - on hwy. | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 (Degree or title) <i>Wm B. Owens, Coroner</i> | | | | 23b. ADDRESS 10.34 Park Blvd | | 23c. DATE SIGNED 11-13-50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Nov. 13, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Kansas City, Kansas | | 24d. LOCATION (City, town, or county) (State) | | | |
| DATE REC'D BY LOCAL REG. 11/18/50 | | REGISTRAR'S SIGNATURE <i>Donald C. Eanshaw</i> 378 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fulton Funeral Home, Kansas City, Kan | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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

M. Blangford

..... Licensed Embalmer No. 3833

..... P. O. Address Lee's Summit, 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:.....