

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0610

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

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315

1. PLACE OF DEATH a. COUNTY <u>Macou</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macou</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cora</u>	b. (Middle)	c. (Last) <u>Hawkins</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Nov. 21-1950</u>

5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1-3-1860</u>	9. AGE (In years) (Months) (Days)
		<u>Widowed</u>		<u>90 10 18</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>House Keeper</u>	<u>Owner</u>	<u>Adair Co. O</u>	<u>U.S.A.</u>

13a. FATHER'S NAME <u>John Clark Davidson</u>	13b. MOTHER'S MAIDEN NAME <u>Malvina Landis</u>	14. NAME OF HUSBAND OR WIFE <u>Clark A. Davidson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clark A. Davidson</u>	ADDRESS <u>La Plata Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		<u>15 years</u>
	DUE TO (c) <u>Arteriosclerosis</u>		<u>20 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>42-21</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 11, 1950 to Nov 21, 1950, that I last saw the deceased alive on Nov 21, 1950, and that death occurred at 9:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph G. Gilat</u> (Degree or title) <u>250</u>	23b. ADDRESS <u>La Plata Mo</u>	23c. DATE SIGNED <u>11-22-1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-24-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>	24d. LOCATION (City, town, or county) (State) <u>La Plata Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-25-50</u>	REGISTRAR'S SIGNATURE <u>Wm O J Giffen</u>	FUNERAL DIRECTOR'S SIGNATURE <u>D S Christie</u>	ADDRESS <u>La Plata Mo</u>
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MAR 30 1951

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MAR 13 1951

RECEIVED 11-28-50
MACON COUNTY HEALTH DEPARTMENT
County File No. 11-50-217
Date Filed 11-30-50

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 D.S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.