

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29425

BIRTH NO. REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY BATES.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rich Hill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rich Hill	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location) SOUTH 6TH ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH 6TH ST			

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) LEE	c. (Last) HAWKINS.	4. DATE OF DEATH (Month) (Day) (Year) OCT-1-1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH FEB-23-1868	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 83.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER.	10b. KIND OF BUSINESS OR INDUSTRY FARMING.	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S. etc.
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13a. FATHER'S NAME ISSAIAH HAWKINS	13b. MOTHER'S MAIDEN NAME ELIZABETH EDWARDS.	14. NAME OF HUSBAND OR WIFE LULA HAWKINS.
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lela Hawkins Rich Hill Mo.	ADDRESS
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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) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331x			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **Sept 30**, 19**51**, to **Oct 1**, 19**51**, that I last saw the deceased alive on **Sept 30**, 19**51**, and that death occurred at **Rich Hill, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG Oct 5, 1951	REGISTRAR'S SIGNATURE Mrs. Edna Douglas	25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Home - Rich Hill Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-6-51 _____

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 Robert G. Steinbeck

Signed.....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.