

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32638

State File No.

FILED NOV 3 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1116

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, 0117
d. STREET ADDRESS (If rural, give location) 703 So 7th st. 0

3. NAME OF DECEASED
a. (First) Nan b. (Middle) _____ c. (Last) Hawkins

4. DATE OF DEATH (Month) (Day) (Year) Oct 27 1951

5. SEX Female 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 11/22/1891

9. AGE (In years last birthday) 59 IF UNDER 1 YEAR 11 Days IF UNDER 24 HOURS 5 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper

10b. KIND OF BUSINESS OR INDUSTRY House work

11. BIRTHPLACE (State or foreign country) Mound City Mo. U

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lorenzo DeFord

13b. MOTHER'S MAIDEN NAME Elizabeth Brazil

14. NAME OF HUSBAND OR WIFE Harry V. Hawkins, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. James M. Trouel ADDRESS 2920 So 29th

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 12 hours

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____ 33ix

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from May 12, 1949, to Oct. 27, 1951, that I last saw the deceased alive on Oct. 26, 1951, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Carl C. Casper, M.D. (Degree or title)

23b. ADDRESS Tootle Building
St. Joseph, Missouri

23c. DATE SIGNED 10-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/30/51

24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery

24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. Nov. 3, 1951

REGISTRAR'S SIGNATURE Carl C. Casper

25. FUNERAL DIRECTOR'S SIGNATURE John E. Cluff ADDRESS 605 + 1/2 Ryke

(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 Albin E. Beyer

Licensed Embalmer No. 4795

P. O. Address St. Joseph, 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.