

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

44082

State File No.

FILED JAN 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>4315</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Macon 0610</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY OR TOWN <u>La Plata</u>		c. LENGTH OF STAY (In this place) <u>1 30yrs</u>		c. CITY OR TOWN <u>La Plata 0610</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elliott</u> b. (Middle) <u>Homer</u> c. (Last) <u>Hawkins</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 23, 1875</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Businessman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</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>U.S.A.</u>	
13a. FATHER'S NAME <u>O.S. Hawkins</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Elliott</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Hawkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John O. Hawkins</u> ADDRESS <u>St. Louis</u>			
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) <u>Amputrophic lateral sclerosis</u> ANTECEDENT CAUSES: DUE TO (b) <u>unknown</u> DUE TO (c) <u>none</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>				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)		21f. HOW DID INJURY OCCUR? <u>3561</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Aug 20, 1949</u> , to <u>Dec 11, 1951</u> , that I last saw the deceased alive on <u>Dec 19, 1951</u> , and that death occurred at <u>11:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>N.O. Newton M.D.</u> (Degree or title)				23b. ADDRESS <u>La Plata Mo</u>		23c. DATE SIGNED <u>1/2/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata, MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 4-52</u>		REGISTRAR'S SIGNATURE <u>Mrs O.B. Griffel</u> 186		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reinert Wilson</u> ADDRESS <u>La Plata Mo</u>			

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

(b) 8

RECEIVED 1.9.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 1.52.9
Date Filed 1.15.52

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Kenneth M. Wilson*

Licensed Embalmer No. *4701*

P. O. Address *LaPlata, 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.