

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4473
Registrar's No. 7

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4171

320

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Dekalb | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dekalb | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale | |
| c. LENGTH OF STAY (In this place) 1 year | | 0320 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) c. (Last) HAWMAN | | | 4. DATE OF DEATH (Month) (Day) (Year) 2 1 1952 |
| 5. SEX 0 Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 3/4/1877 |
| 9. AGE (In years last birthday) 74 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Farmer |
| 11. BIRTHPLACE (State or foreign country) Dekalb Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? 0 | |
| 13a. FATHER'S NAME Henry Hawman | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mrs. Leona Hawman |
| 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. --- | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Jewell Hawman St Joseph, Mo. |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Insufficiency DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4222 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | |
| 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? | |
| 22. I hereby certify that I attended the deceased from July 1952, to Feb 1, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE E. J. King, M.D. | | 23b. ADDRESS Stewartsville | 23c. DATE SIGNED 2-4-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/4/52 | 24c. NAME OF CEMETERY OR CREMATORY Ridgville | 24d. LOCATION (City, town, or county) (State) North of Stewartsville |
| DATE REC'D BY LOCAL REG. 2-24-52 | REGISTRAR'S SIGNATURE RESCUE Davidson | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. E. Humphreys Stewartsville, Mo | |

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 W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartville, 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.