

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4622

FILED MAR 3 1952

State File No. _____

2000

Registrar's No. 197

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Walnut Grove, Rural	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) KK #3 0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) WALTER	b. (Middle) LAWRENCE	c. (Last) HAWK	4. DATE OF DEATH (Month) (Day) (Year)
				FEB 27 1952

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan 15 - 1915	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY unemployed	11. BIRTHPLACE (State or foreign country) Walnut Grove Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Walter Hawk	13b. MOTHER'S MAIDEN NAME Evelyn Looney	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME William Hawk	ADDRESS Walnut Grove Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease		INTERVAL BETWEEN ONSET AND DEATH Many yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
11. 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	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 1951**, to **2-27**, 1952, that I last saw the deceased alive on **2-27-52**, 1952, and that death occurred at **11:33 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE B. Lemmon Jr. M.D. (Degree or title)	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 2-27-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-27-52	24c. NAME OF CEMETERY OR CREMATORY Arnsulawn Cemetery	24d. LOCATION (City, town, or county) (State) Walnut Grove Mo.
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DATE REC'D BY LOCAL REG. 2-27-52	REGISTRAR'S SIGNATURE James H. Amos, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Brinn - Daniel Hobbs	ADDRESS Grove Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

#96
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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 *Boyle L. Saville* _____
Student Embalmer No. _____

Licensed Embalmer No. *4702* _____

P. O. Address *Arch Street* _____

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.