

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8189

State File No. ....

FILED MAR 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5548 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Roanoke, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Roanoke Prairie Township</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Roanoke, Missouri</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Ollie</u>	c. (Last) <u>Hawkinson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 3, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 1, 1863</u>	9. AGE (In years last birthday) Months Days <u>88 6 2</u>	IF UNDER 1 YEAR Hour Min.	IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor of medicine</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Practice</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William L. Hawkinson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Frances Green</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Lee Wickes</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Tom Talbot Fayette, Mo</u>	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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis &amp; hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>
	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. <u>Chronic prostatitis</u>		<u>Semulyses</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 June 1946, to March 3, 1952, that I last saw the deceased alive on March 2, 1952, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mr. J. Shaw M.D.</u>	(Degree or title)	23b. ADDRESS <u>Fayette, Mo.</u>	23c. DATE SIGNED <u>6 Mar. 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Roanoke, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 6, 1952</u>	REGISTRAR'S SIGNATURE <u>Walker Audsley</u>	410	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>	ADDRESS <u>Fayette, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

*Ralph A. Carr*

Signed .....

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.