

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12935
1471

FILED APR 26 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (in this place) <u>34 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>3419 SMART 300⁰/₀</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3419 SMART</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HUGH.</u> b. (Middle) <u>BRILEY</u> c. (Last) <u>HAWTHORNE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 28-1952</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>OCT-16-1876</u> | 9. AGE (In years last birthday) <u>75</u> | # UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Dist. RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SOCONY VACUUM</u> | | 11. BIRTHPLACE (State or foreign country) <u>PRESCOTT IOWA</u> | |
| 13a. FATHER'S NAME <u>John Hawthorne</u> | | | 13b. MOTHER'S MAIDEN NAME <u>ETHA PAGE</u> | | 14. NAME OF HUSBAND OR WIFE <u>ROSE ALICE HAWTHORNE</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>093-07-5292</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Rose Alice Hawthorne</u> ADDRESS <u>3419 SMART JACKSON MO.</u> | |

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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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Descending (Tubercular) spinal Paralysis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (b) <u>Paralysis</u> DUE TO (c) <u>Cause unknown</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>-</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>-</u> |

22. I hereby certify that I attended the deceased from April 1, 1949 to Mar 28, 1952, that I last saw the deceased Valid on Mar 22, 1952 and that death occurred at 7 PM m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Thomas S. Nelson</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>367 1/2 Independence</u> | 23c. DATE SIGNED <u>3-29-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MAR. 31-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u> |
| 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u> | | |

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| DATE REC'D BY LOCAL REG. <u>3-31-52</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman</u> ADDRESS <u>San Jose, K.C. Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Thursmoules
Ch 2143

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Kansas City, 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.