

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15556**

FILED JUN 3 1952

BIRTH NO. _____ REG. DIST. NO. **20** PRIMARY REG. DIST. NO. **4031** Registrar's No. **60**

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY OR TOWN Adrian		c. CITY OR TOWN Adrian	
c. LENGTH OF STAY (in this place) 15 yrs		d. STREET ADDRESS (If rural, give location) G	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) Sarah b. (Middle) Jane c. (Last) Hawkins			4. DATE OF DEATH (Month) (Day) (Year) May 30-1952
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb 27-1868
9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR: Months 2 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Retired		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Blue Springs Mo.		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Mark Clark		13b. MOTHER'S MAIDEN NAME Mary Harris	
13c. NAME OF HUSBAND OR WIFE James R. Hawkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mark Hawkins		ADDRESS Butler 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 4201	
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) m.		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 May 30, 1952 , to May 30, 1952 , that I last saw the deceased alive on May 30, 1952 , and that death occurred at 6 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE E. E. Robinson (Degree or title) M.D.		23b. ADDRESS Adrian Mo.	
23c. DATE SIGNED May 31-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-1-52	
24c. NAME OF CEMETERY OR CREMATORY Crescent Hill		24d. LOCATION (City, town, or county) (State) Adrian Mo.	
DATE REC'D BY LOCAL REG. 6-31-52		REGISTRAR'S SIGNATURE Myra Owen (16)	
25. FUNERAL DIRECTOR'S SIGNATURE Creath & Son		ADDRESS Adrian 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____ *Lesly*

Signed
Student Embalmer

Licensed Embalmer No. 3650

P. O. Address Adrian 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.