

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1952

5241

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

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>47</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. LENGTH OF STAY (In this place) <u>30 M Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		<u>0241</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 Choctaw St.</u>				d. STREET ADDRESS (If rural, give location) <u>420 Choctaw St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u>			b. (Middle)		c. (Last) <u>Hawkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 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>May 29-1889</u>		9. AGE (In years last birthday) <u>62</u> if UNDER 1 YEAR Days <u>11</u> if UNDER 1 HRS. Hours <u>17</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tobacco Grower</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Tobacco</u>		11. BIRTHPLACE (State or foreign country) <u>Sharpsburg Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Juniper Hawkins</u>			13b. MOTHER'S MAIDEN NAME <u>Agnes Waldridge</u>			14. NAME OF HUSBAND OR WIFE <u>Daisy Hawkins</u>			
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.		17. INFORMANT'S SIGNATURE OR NAME <u>Daisy Hawkins</u>				ADDRESS <u>Liberty, Mo.</u>	
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>12 h.</u> <u>Indef.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>Nov</u> , 19 <u>51</u> , to <u>May 12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 12</u> , 19 <u>52</u> , and that death occurred at <u>9⁴⁵ m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Gene W. Anderson MD</u>				(Degree or title)		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>5/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dearborn</u>		24d. LOCATION (City, town, or county) (State) <u>Dearborn Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May-14-1952</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James A. Green</u>		ADDRESS <u>Liberty, Mo.</u>			

OCT 15 1958

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

John K. ...

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.