

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

FILED JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2452

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON 1</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. LENGTH OF STAY (In this place) <u>50 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 31st</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4325 HOLMES STREET</u>				d. STREET ADDRESS (If rural, give location) <u>4325 HOLMES STREET</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>ARTHUR</u>		<u>EDGAR</u>		<u>HAWKINSON</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 20 1880</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FORMER MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ROCKHILL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TENNESSEE RILEY COUNTY KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PETER HAWKINSON</u>				13b. MOTHER'S MAIDEN NAME <u>ELNA PEARSON</u>			
14. NAME OF HUSBAND OR WIFE <u>MRS NELLIE M HAWKINSON</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. <u>496-03 3233A</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. NELLIE M. HAWKINSON 4325 HOLMES KANSAS CITY 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion &amp; infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>			
ANTECEDENT CAUSES Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>diabetes mellitus</u>				DUE TO (c)		2. years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>260X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>1942</u> , 19 <u>  </u> , <u>1028 May</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>28 Mar</u> , 19 <u>52</u> and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Gordon P. Bennett</u> (Degree or title)				23b. ADDRESS <u>6333 Brookhairs Plaza</u>		23c. DATE SIGNED <u>29 May</u>	
24a. PARTIAL CREMATION (Specify)		24b. DATE <u>MAY 31 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELLEGAUD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLEBURNE KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>5-30-52</u>		REGISTRAR'S SIGNATURE <u>Terrelline Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO</u>			

(Licensed Embalmer's Statement of Reverse Side)

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 R. Sidmon*

Licensed Embalmer No. *4531*

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.