

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17653**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 156

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY (if outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u>		c. CITY (if outside corporate limits, write RURAL and give township) <u>WOMACK</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>HELEN</u> b. (Middle) <u>SARAH</u> c. (Last) <u>HAWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>NOV. 22 1908</u>		9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>43 5 18</u>		11. BIRTHPLACE (State or foreign country) <u>FARMINGTON Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>JOHN A. COFFER</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH JANE McDANIEL</u>		14. NAME OF HUSBAND OR WIFE <u>ANDY HAWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give year or date of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>486-32-1380</u>		17. INFORMANT'S SIGNATURE OR NAME <u>SARAH COFFER</u> ADDRESS <u>WOMACK 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>Enlarged obstruction of ganglions</u> ANTECEDENT CAUSES <u>Doc of</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pelvic operation 1 1/2 yrs ago</u> DUE TO (c) <u>E adhesive foundation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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		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) <u>5702</u>	
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 May 5, 1952, to May 10, 1952, that I last saw the deceased alive on May 9, 1952 and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. McWilliams M.D.</u> (Degree or title)		23b. ADDRESS <u>Farmington Mo</u>		23c. DATE SIGNED <u>5-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 13 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARKVIEW</u>	
24d. LOCATION (City, town, or county) (State) <u>FARMINGTON Mo</u>					

DATE REC'D BY LOCAL REG. <u>May 15, 1952</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> <u>289-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Denham Mills Concrete Co Mo</u> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

APR 5 1958

JUL 14 1954

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.....

*Clarence J. Claywell*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3706*

P. O. Address *Franklin 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.