

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20485**

**2635**

No. 300  
10-48

**JUL 5 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2635

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>6 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2905 Campbell</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2905 Campbell, CONV. HOME</b>			

**3438**

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nancy</b> b. (Middle) <b>E.</b> c. (Last) <b>Hawkins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 10 52</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>November 21, 1901</b>		9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR: Days <b>7</b> Hours <b>30</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Invalid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Phillipsburg, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>Wesley Hawkins</b>		13b. MOTHER'S MAIDEN NAME <b>Eda McFall</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MEMIE Mrs. Stokes</b> ADDRESS <b>2410 Spruce KC. MO</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		Hypostatic Pneumonia			4221
ANTECEDENT CAUSES		General Arteriosclerosis			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Chronic Myocarditis			
II. OTHER SIGNIFICANT CONDITIONS		No			
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)		
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 June 4, 1952, to June 10, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edward C. Teubel</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>4304 Troost</b>		23c. DATE SIGNED <b>6-10-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 10, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Funeral Home-Palmer</b>	
24d. LOCATION (City, town, or county) (State) <b>Lebanon, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody McElroy</b>		ADDRESS <b>1-C</b>	
DATE REC'D BY LOCAL REG. <b>6-11-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Exp. MO.</b>	

Hawkins  
4304 Wood  
St. Paul

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

*Glen E. Heck*

Licensed Embalmer No.

4063

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.