

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27204

State File No.

FILED AUG 18 1952

BIRTH NO.		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>853</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <u>0117</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0</u>		
c. LENGTH OF STAY (in this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>109 1/2 S. 16th St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>Hawk</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>August 7, 1952</u>				
5. SEX <u>male</u> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)	8. DATE OF BIRTH <u>April 28, 1899</u>	9. AGE (In years last birthday) <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>weight master</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>grain company</u>	11. BIRTHPLACE (State or foreign country) <u>Hutchinson, Kansas</u> <input checked="" type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Michael Hawk</u>		13b. MOTHER'S MAIDEN NAME <u>May Ray</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-09-9750</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Hawk, 109 1/2 S. 16th, St. Joseph, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEART DISEASE, ARTERIOSCLEROTIC</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 YRS.</u>
		ANTECEDENT CAUSES <u>HYPERTENSION</u>		<u>6 YRS.</u>
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? YES <input checked="" 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>9-14</u> , <u>1948</u> , to <u>8-7</u> , <u>1952</u> , that I last saw the deceased alive on <u>8-10</u> , <u>1952</u> , and that death occurred at <u>7:30a.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D. U</u>		23b. ADDRESS <u>706 Marcus St. Joseph, Mo.</u>		23c. DATE SIGNED <u>8-8-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/9/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Waton-Bowman Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 14 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10.48

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 W.E. Edman, Jr.

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St. Joplin, 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.