S. No. 300
Rev. 10.48

FILED OCT 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34423

State File No. .....

0170

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5792 Registrar's No. 86

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

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Combs Twp. (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Combs Twp. 0170
d. STREET ADDRESS (If rural, give location): Rural East of Carrollton.

3. NAME OF DECEASED (Type or Print)
a. (First): Katie
b. (Middle):
c. (Last): Hawkins

4. DATE OF DEATH (Month) (Day) (Year): 10/12/52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 26, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 8, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Cannon
13b. MOTHER'S MAIDEN NAME: Nancy Elder
14. NAME OF HUSBAND OR WIFE: Lee Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elizabeth Hawkins — ADDRESS: Carrollton

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Collapse of heart muscles.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Over work
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: 10 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4343
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-12, 1952 *to* 10-12, 1952 *that I last saw the deceased alive on* 10-12, 1952, *and that death occurred at* 4:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Hamilton Staton, M.D.
23b. ADDRESS: Carrollton Mo.
23c. DATE SIGNED: 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/14/52
24c. NAME OF CEMETERY OR CREMATORY: Cannon Cemetery
24d. LOCATION (City, town, or county) (State): Carroll County Mo.

DATE REC'D BY LOCAL REG.: 10/14/52
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert 45
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Marshall Funeral Home Carrollton

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1952

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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.