

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34465

State File No. _____
Registrar's No. 238

FILED OCT 23 1952

02203

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

BIRTH NO. _____		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>4122</u>		Registrar's No. <u>238</u>	
1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NIXA</u>		c. LENGTH OF STAY (in this place) <u>20 MINUTES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NIXA</u>		d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHRISTIAN CHURCH</u>				3. NAME OF DECEASED a. (First) <u>EFTON</u> b. (Middle) <u>-</u> c. (Last) <u>HAWKINS</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 5 - 1952</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>FEB. 24 - 1878</u>		9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARDWARE</u>	
11. BIRTHPLACE (State or foreign country) <u>GREENE CO., MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE E. HAWKINS</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY C. WASSON</u>	
14. NAME OF HUSBAND OR WIFE <u>IDA B. CHAPMAN, HAWKINS</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. IDA B. HAWKINS, NIXA, MISSOURI</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction due to Arteriosclerotic Coronary Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) (Min.)	
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>2-1</u> , 19 <u>51</u> , to <u>10-5</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>3-16</u> , 19 <u>52</u> and that death occurred at <u>10:20 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William J. Paul, M.D.</u>				23b. ADDRESS <u>609 Cherry, Springfield</u>		23c. DATE SIGNED <u>10/9/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 7 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GLENN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO., MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>10-9-52</u>		REGISTRAR'S SIGNATURE <u>Alline Dreyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>		ADDRESS <u>Clover, Mo.</u>	

2009 ANN

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..... *John Alan Harris*

Signed.....
Student Embalmer

Licensed Embalmer No. *4390*

P. O. Address. *Cleveland, 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.