

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35826

State File No.

FILED OCT 17 1952

BIRTH NO.		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>5885</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>OZARK</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>OZARK</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BARRENFORK</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BARRENFORK</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL</u>			
3. NAME OF DECEASED (Type or Print) <u>KATHRYN</u>		a. (First) <u>JANE</u>		c. (Last) <u>HAWKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 13 52</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>BABY</u>		8. DATE OF BIRTH <u>3 21 52</u>	
9. AGE (In years last birthday) <u>6</u>		10. MONTHS <u>6</u>		11. DAYS <u>22</u>		12. HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>GAINESVILLE, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>DEXTER WALTER HAWKINS</u>				13b. MOTHER'S MAIDEN NAME <u>NELITA HELENE FARMER</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DEXTER WALTER HAWKINS</u> ADDRESS <u>NOBLE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spina bifida (Congenital)</u> 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 <u>4/1/52</u> <u>3/21/52</u>							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>751X</u>			
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) (Min.)				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 <u>3/21/52</u> , 19 <u>52</u> , to <u>10/13/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/11/52</u> , and that death occurred at <u>6</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. J. Schermer</u>				23b. ADDRESS <u>Gainesville, Missouri</u>			
23c. DATE SIGNED <u>10/15/52</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>				24b. DATE <u>OCT. 16th</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>SIMS CEMETERY</u>				24d. LOCATION (City, town, or county) (State) <u>RURAL MO.</u>			
DATE REC'D BY LOCAL REG. <u>10-15-52</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Shane Mahan</u> ADDRESS <u>CLINKINGBEARD FUNERAL HOME</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

John R. Cary

Licensed Embalmer No. *4885*

P. O. Address *Lawrenceville, 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.