

STANDARD CERTIFICATE OF DEATH

35982

State File No.

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

860

NOV 3 1952

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5991 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>PUTNAM.</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>RURAL-Liberty Twp</u>	c. LENGTH OF STAY (In this place) <u>50 yrs</u>	c. CITY (If outside corporate limits write RURAL and give township) <u>RURAL-Liberty Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNIONVILLE, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>UNIONVILLE, MO.</u>	

3. NAME OF DECEASED (First) <u>LARA</u> (Middle) <u>EMMALINE</u> (Last) <u>HAWKINS</u>	4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>26</u> (Year) <u>1952</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Aug 20, 1876</u>	9. AGE (In years last birthday) <u>76</u> (Months) <u>4</u> (Days) <u>6</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME WORK</u>	11. BIRTHPLACE (State or foreign country) <u>Union City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>DAVID GILLISPIE</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET MINIC</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN L. HAWKINS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CLYD HAWKINS, Unionville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		<u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Purpura Recurrens</u>		<u>10 yrs</u>
DUE TO (c) <u>Auricular fibrillation</u>		<u>6 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>was suggestive of subarachnoid type</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>296 X</u>		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)	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 Oct 1, 1952, to Oct 26, 1952, that I last saw the deceased alive on Oct 26, 1952, and that death occurred at 3:05 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Larsen</u>	(Degree or title) <u>MD.</u>	23b. ADDRESS <u>Centerville, Iowa</u>	23c. DATE SIGNED <u>10-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>Oct 29, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Unionville, Mo</u>
DATE REC'D BY LOCAL REG. <u>11-1-52</u>	REGISTRAR'S SIGNATURE <u>Marvell Durham</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>F. P. Husted</u>	ADDRESS <u>Unionville, Mo</u>

NOV 17 1951

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.....
Student Embalmer

Signed *Murk E. Husted*

Licensed Embalmer No. *3304*

P. O. Address *Amosville, 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.