

FILED DEC 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44348

State File No.

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 6234 Registrar's No. 86

090
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Elkhorn</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Elkhorn</u> <u>1090</u>			
c. LENGTH OF STAY (In this place) <u>1 mo</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Melayue</u> b. (Middle) _____ c. (Last) <u>Hawkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1 1952</u>		
5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 22 1891</u>		
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>		
13a. FATHER'S NAME <u>George Sutherland</u>		13b. MOTHER'S MAIDEN NAME <u>Elvire Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>William Hawkins</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm Hawkins Wright City Mo</u>		
17. ADDRESS <u>Wm Hawkins Wright City Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u></u> <u>2. ANTECEDENT CAUSES</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>3. DUE TO (b)</u> <u>4. DUE TO (c)</u> <u>5. OTHER SIGNIFICANT CONDITIONS</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input 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) <u>Wright City Warren Mo</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. F. A. Krigger, M.D.</u>		23b. ADDRESS <u>Warrenton, Mo</u>			
23c. DATE SIGNED <u>Dec 1-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Dec 6 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Cem</u>			
24d. LOCATION (City, town, or county) (State) <u>Wright City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Logan</u>			
25. ADDRESS <u>Wright City Mo</u>		DATE REC'D BY LOCAL REG. <u>12-5-52</u>			

DEC 30 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, *of* _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Julius J. Niehaus* _____

Licensed Embalmer No. *3366*

P. O. Address *Wright City, 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.