

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35

FILED FEB 9 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 35

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give town) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (In this place) 48 yrs | | d. STREET ADDRESS (If rural, give location) 1809 1/2 Montgall | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1809 1/2 Montgall | | 3338 | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Raymond Harvey Hawkins | | | b. (Middle) | | |
| c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 4 1953 | | |

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|-------------------------|----------------------------------|--|--|---|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX Male D | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married D | 8. DATE OF BIRTH July 18, 1898 | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-------------------------|----------------------------------|--|--|---|---------------------------|-------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nightwatchman | 10b. KIND OF BUSINESS OR INDUSTRY Cabinet Shop | 11. BIRTH PLACE (City and State or Foreign Country) Mendon, Missouri D | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME James Williams Hawkins | 13b. MOTHER'S MAIDEN NAME Martha Gentry | 14. NAME OF HUSBAND OR WIFE ***** |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 586-03-6067 | 17. INFORMANT'S SIGNATURE OR NAME Mrs Lula Haggard 1223 Montgall K.C. Mo. | ADDRESS |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Potts disease | | INTERVAL BETWEEN ONSET AND DEATH 0120 |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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|---|--|----------------------------|
| 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? |
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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 **11:05 A.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Hugh H. Owens (Degree or title) Carrier | 23b. ADDRESS 1734 Oakto Bldg | 23c. DATE SIGNED 1-5-53 |
|--|-------------------------------------|--------------------------------|

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|---|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-7-53 | 24c. NAME OF CEMETERY OR CREMATORY Elmwood Cem. | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
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| DATE REC'D BY LOCAL REG. 1-5-53 | REGISTRAR'S SIGNATURE Seraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster 918 Brooklyn K.C. Mo. | ADDRESS |
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(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

J. Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address J. C. 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.