

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5390**

FILED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. _____

0360

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u>		c. LENGTH OF STAY (In this place) <u>Years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair - MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair - MO</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (First) <u>Joseph</u> (Middle) <u>Bird</u> (Last) <u>Hawkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-14-1881</u>
9. AGE (In years last birthday) <u>71</u> Months <u>10</u> Days <u>7</u>		10. USUAL OCCUPATION (If retired, work done during most of working life, even if retired) <u>Carpenter</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MO (I)</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Charles Hawkins</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Shackling</u>		14. NAME OF HUSBAND OR WIFE <u>Rae</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>Richard Johnson</u> ADDRESS <u>St. Clair -</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5-4 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Intra Cranial Cerebral Hemorrhage</u>		DUE TO (b) <u>Hemorrhage</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Vascularly Distension</u>				years - _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</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 1951, to 2/14, 1953, that I last saw the deceased alive on 2/14, 1953 and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Chickell M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Clair - MO</u>		23c. DATE SIGNED <u>7/6</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-17</u>		24c. NAME OF CEMETERY OR CREMATORY <u>1st Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair - MO</u>	
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DATE REC'D BY LOCAL REG. <u>2-</u>		REGISTRAR'S SIGNATURE <u>E. J. Worthington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward A. Kell</u> ADDRESS <u>St. Clair, Mo.</u>	
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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 *Shemuel W. Mitchell*

Licensed Embalmer No. 3873

P. O. Address *H. Allen, Iowa*

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.