

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6919**

FILED FEB 24 1953

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 4340		Registrar's No. 11		
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOUTSVILLE		c. LENGTH OF STAY (in this place) 31 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOUTSVILLE		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) JOHN ORVILLE ELIAS HAWN			4. DATE OF DEATH FEBRUARY 15th 1953					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED (1)		8. DATE OF BIRTH OCTOBER 28th 1901		
9. AGE (In years last birthday) 51		10. MONTHS 3		11. DAYS 18		12. IF UNDER 1 YEAR Hours 18 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY DAY LABOR		11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME JOEL ISAC HAWN		13b. MOTHER'S MAIDEN NAME LULAMAY ROBBINS		14. NAME OF HUSBAND OR WIFE not married				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ←		16. SOCIAL SECURITY NO. 35-497-09-5937		17. INFORMANT'S SIGNATURE OR NAME Mrs B. J. Dye, Stoutsville Mo. ADDRESS Stoutsville Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FROZEN TO DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) EXPOSURE IN SUBZERO TEMPERATURE. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9329 47					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) nb9				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 11:20 No m., from the causes and on the date stated above.								
23a. SIGNATURE Russell M. Nelson (Degree or title)			23b. ADDRESS Crowner Monroe City Missouri			23c. DATE SIGNED 2/17/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-19-1953		24c. NAME OF CEMETERY OR CREMATORY STOUTSVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) STOUTSVILLE MISSOURI		
DATE REC'D BY LOCAL REG. 2/21/53		REGISTRAR'S SIGNATURE A. A. Barnard 435-		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS ADDRESS Monroe City, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

0690

1953 9 136

MAR 2 1953

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.