

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13863

State File No.

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 406

1396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>1926 E. Division Atreet</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Infirmary</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1953</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>		b. (Middle) <u>BELLE</u>	
c. (Last) <u>HAWK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>14 Oct. 1873</u>
9. AGE (In years last birthday) <u>79</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>Bedford, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Evans</u>		13b. MOTHER'S MAIDEN NAME (unknown) <u>McGregor</u>	
14. NAME OF HUSBAND OR WIFE <u>Kirk Hawk</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>none</u>	
16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Don B. Foster, 1926 E. Division St., Springfield, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Arteriosclerosis</u> Heart Disease 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. <u>Fracture neck right femur</u>	
19a. DATE OF OPERATION <u>2-26-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck right femur 4200F</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>6 weeks</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Mo</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-25-53</u>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall on rug at home</u>	
22. I hereby certify that I attended the deceased from <u>Feb 25, 1953</u> , to <u>4-21, 1953</u> , that I last saw the deceased alive on <u>4-20-53, 19</u> , and that death occurred at <u>9:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas E. Ashley</u> (Degree or title) <u>md.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	
23c. DATE SIGNED <u>4-24-53</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>23 Apr. 1953</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Last Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4-24-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Frank C. Thoms, Springfield, Missouri</u>	

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

Ralph H. Klein

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.