No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17100

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 589

1. PLACE OF DEATH
a. COUNTY: Buchanan 0117 2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (In this place): 15y-10m-8dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway 130
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denver 1
d. STREET ADDRESS (If rural, give location): Nodaway County Home

3. NAME OF DECEASED (Type or Print)
a. (First): Steve
b. (Middle):
c. (Last): Hawkins

4. DATE OF DEATH (Month) (Day) (Year): May 17 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: not given
9. AGE (In years last birthday): 55 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: not given
13b. MOTHER'S MAIDEN NAME: not given
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: J. M. Harris Supt. County Home
ADDRESS: Denver 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Influenza

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox (Hebephrenic type)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 480X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* May 17, 1953, *that I last saw the deceased alive on* May 17, 1953, *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest Thomas MD
23b. ADDRESS: St Joseph Mo State Hosp. No 2
23c. DATE SIGNED: 5/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 20, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Kirksville Mo.

DATE REC'D BY LOCAL REG.: May 20, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 465
25. FUNERAL DIRECTOR'S SIGNATURE: Clancy Funeral Home
ADDRESS: St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Bennett

Licensed Embalmer No. H6.22

P. O. Address St Joseph 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.