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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 17 1953

State File No. 27790
875
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 50 Yrs		d. STREET ADDRESS (If rural, give location) 132 Park Lane Apartments	
d. FULL NAME OF HOSPITAL OR INSTITUTION 132 Park-Lane Apartments		e. FULL NAME OF HOSPITAL OR INSTITUTION 132 Park Lane Apartments	

3. NAME OF DECEASED (Type or Print) a. (First) STELLA b. (Middle) S. c. (Last) HAWKINS			4. DATE OF DEATH (Month) (Day) (Year) August 9th-1953		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 17th 1883		9. AGE (In years last birthday) 70		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Manager				10b. KIND OF BUSINESS OR INDUSTRY Funeral Service				11. BIRTHPLACE (State or foreign country) Auburn, Nebraska			

13a. FATHER'S NAME Jacob Scott			13b. MOTHER'S MAIDEN NAME Nancy Jane Van Wise			14. NAME OF HUSBAND OR WIFE James R. Hawkins, Jr.		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-09-6314		17. INFORMANT'S SIGNATURE OR NAME James R. Hawkins, Jr.		ADDRESS 132 Park Lane Apt St. Joseph, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 1 day.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		DUE TO (b)							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Woman died suddenly, without a history of recent serious illness, but has been poorly for the past two years.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) St. Joseph, Mo.	
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 **8-9**, 19**53**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy M.D. (Physician)		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 8/10/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE Aug. 11-1953.		24c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
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DATE REC'D BY LOCAL REG. Aug 14, 1953		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Meinhart		ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

6561 2T 10M

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

Raymond H. Merchus

Licensed Embalmer No. 4413

P. O. Address St. Joseph, 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.