

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29288

State File No. _____

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY OR TOWN <u>Rural, Hudson twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greencastle</u> <u>1050</u>	
c. LENGTH OF STAY (in this place) <u>7 months</u>		d. STREET ADDRESS (If rural, give location) <u>XXXXXX</u> No street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>May</u>	b. (Middle) <u>Smith</u>	c. (Last) <u>Hawn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2 1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug. 28, 1873</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR <u>11</u> Months	IF UNDER 1 HR. <u>5</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Alabama</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Knowles</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Hunter</u>	14. NAME OF HUSBAND OR WIFE <u>William Hawn</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ellaroe Kalmus, daughter, Greencastle, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congestive circulatory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>decompensated hypertensive heart disease</u>		
DUE TO (c) <u>arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>fractured left hip</u>		<u>5 wks., 1 d</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443-XF</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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>Still-Hildreth San.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Twn. Macon 061 Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 27 1953 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell</u>

22. I hereby certify that I attended the deceased from Jan. 22, 1953, to Aug. 2, 1953, that I last saw the deceased alive on Aug. 2, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Anna L. Maick D.O.</u>	23b. ADDRESS <u>Macon, Missouri</u>	23c. DATE SIGNED <u>Aug. 3, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Castle Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Green Castle, Mo.</u>

DATE REC'D BY LOCAL REG. <u>8/4/53</u>	REGISTRAR'S SIGNATURE <u>Auth McNeely 185</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Kent & Son, Green City, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

RECEIVED 8.12.53
MASON COUNTY HEALTH DEPARTMENT
County File No. 8.53.149
Date Filed 8.13.53

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green 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.