

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

31412

State File No.

No. 300

10-48

FILED SEP 29 1953

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 111

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Dunklin	b. CITY OR TOWN Kennett	a. STATE Mo.	b. COUNTY Dunklin
c. LENGTH OF STAY (in this place) 20 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Kennett 0352	
d. FULL NAME OF HOSPITAL OR INSTITUTION 922 North Baldwin		d. STREET ADDRESS (If rural, give location) 922 North Baldwin 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Mary	b. (Middle) Lorene	c. (Last) Hawkins	Sept. 26-1953			
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) X	8. DATE OF BIRTH Feb. 22-1952	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 7 Days 20	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Kennett		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hosie Hawkins	13b. MOTHER'S MAIDEN NAME Georgia Howard	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) X	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Hosie Hawkins	ADDRESS Kennett Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Conflagration		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E9160 16	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kennett Dunklin Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 26, 1953 7:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fire in home.
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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 **7:35P m., from the causes and on the date stated above.**

23a. SIGNATURE Quinton Tarver, Coroner, Dunklin County	23b. ADDRESS Kennett, Mo.	23c. DATE SIGNED 9/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 28-53	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Kennett Mo.
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DATE REC'D BY LOCAL REG. 9-28-53	REGISTRAR'S SIGNATURE Carl Hubbard	25. FUNERAL DIRECTOR'S SIGNATURE Lentz Service	ADDRESS Kennett, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-28-53
COUNTY FILE NUMBER 953-2

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 *Edgar Lee Ford*
Licensed Embalmer No. *4433*

P. O. Address *Kennett 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.