

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39408**

FILED DEC 10 1953

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>150</u> | | PRIMARY REG. DIST. NO. <u>5572</u> | | Registrar's No. <u>222</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raytown Prairie</u> | | c. LENGTH OF STAY (in this place) <u>5da.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raytown</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>9415 Hillcrest Rd.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) _____ c. (Last) <u>Hawes</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-1953</u> | | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>widower</u> | | 8. DATE OF BIRTH <u>5-8-1883</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kirkville, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Mathias Hawes</u> | | | 13b. MOTHER'S MAIDEN NAME <u>America Hunt</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Hawes</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>483-03-2528</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mildred Pitt</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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Bright's</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>5-93x</u> | | | | 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>11-30</u> , 19 <u>53</u> , to <u>12-5-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-5-</u> , 19 <u>53</u> , and that death occurred at <u>3:45 P.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. E. Keith</u> | | | | 23b. ADDRESS <u>W. E. Keith, Jr., D.D.S., D.D.P., Mo.</u> | | 23c. DATE SIGNED <u>12-5-1953</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec 7, 1953.</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Brookings Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jackson Co. Missouri.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-6-1953</u> | | REGISTRAR'S SIGNATURE <u>D. B. Langford</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Regent</u> | | | |

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

2005 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 *John R. Bidmon*

Licensed Embalmer No. *4531*

P. O. Address *Kansas 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.