

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39903

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5936		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Clinton & Jackson</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Smithton Smithton York</i>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Smithton & Independence</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home in Smithton</i>				d. STREET ADDRESS (If rural, give location) <i>0 800 0</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Hawkins</i> c. (Last) <i>Hawkins</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 18-53</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Nov 22-75</i>	
9. AGE (10 years last birthday) <i>76</i>		10. MONTHS <i>11</i>		11. DAYS <i>24</i>		12. HOURS <i>13</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming & Carpentry</i>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <i>Dubuque Iowa</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
13a. FATHER'S NAME <i>John Hawkins</i>				13b. MOTHER'S MAIDEN NAME <i>Margaret Croston</i>			
14. NAME OF HUSBAND OR WIFE <i>Isabelle</i>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes, in U.S. Army</i>			
16. SOCIAL SECURITY NO. <i>4-11-53</i>				17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Earl Shroff Smithton</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma, Prostate with metastasis to bone</i> 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) _____ 2. OTHER SIGNIFICANT CONDITIONS <i>Antenatal C-V-R disease</i> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>13 mos</i>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <i>177 X</i>			
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 <i>Nov 1951</i> , to <i>Nov 1953</i> , that I last saw the deceased alive on <i>Nov 18, 1953</i> , and that death occurred at <i>2:55 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>P. V. Siegel MD.</i>				23b. ADDRESS <i>Smithton Mo</i>			
23c. DATE SIGNED <i>11/18/53</i>				24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			
24b. DATE <i>11-20-53</i>				24c. NAME OF CEMETERY OR CREMATORY <i>Smithton Cemetery Smithton Mo</i>			
24d. LOCATION (City, town, or county) (State)				25. FUNERAL DIRECTOR'S SIGNATURE <i>A. F. Neumeier Smithton Mo</i>			
DATE REC'D BY LOCAL REG. <i>11/25/53</i>				REGISTRAR'S SIGNATURE <i>R. J. Campbell MD.</i>			
(Licensed Embalmer's Statement on Reverse Side)							

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

REC-8 1950

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

A. F. Hemminger

Licensed Embalmer No. *3912*

P. O. Address *Smithton 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.