

STANDARD CERTIFICATE OF DEATH

State File No. 9

FILED FEB 3 1954

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN Hillsboro		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. O. H.				e. STREET ADDRESS (If rural, give location) Hillsboro 8140 8			
3. NAME OF DECEASED (Type or Print) a. (First) Ray			b. (Middle) F. Hawbaker		c. (Last) _____		
4. DATE OF DEATH Jan. 26, 1954		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 1, 1902		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY Transportation		11. BIRTHPLACE (City and State or Foreign Country) Van Buren Co., Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Russell Hawbaker			13b. MOTHER'S MAIDEN NAME Harriet Matilda Spray		14. NAME OF HUSBAND OR WIFE Myrtle Marie Watson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John R. Hawbaker, Renville, Minn.			
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) Toxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritonitis DUE TO (c) Perforated duodenal stump II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5411				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1-18-54		19b. MAJOR FINDINGS OF OPERATION Duodenal Ulcer-adhesions of duodenum to gallbladder fossa				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Jan. 12, 1954, to Jan. 26, 1954, that I last saw the deceased alive on Jan. 26, 1954, and that death occurred at 12:06 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) [Signature]				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 1-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/26/54		24c. NAME OF CEMETERY OR CREMATORY Hillsboro		24d. LOCATION (City, town, or county) (State) Hillsboro, Iowa.	
DATE REC'D BY LOCAL REG. 1-26-54		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Kirksville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1967

FEB 26 1967

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.....
Signature of Student Embalmer

Signed *George W. Powell*

Licensed Embalmer No. *479*

P. O. Address *Kirkville*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**