

# STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Elkton Township</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rural 1890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>A. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle)		c. (Last) <u>HAWKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 7 1954</u>	
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>10-9-1886</u>		9. AGE (In years last birthday) <u>67</u>		Months <u>2</u> Days <u>28</u>		If under 18 state Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Widow</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>A. Paris, Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Charles H. Hawkins</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Spencer</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-10-7182H</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Nieburg</u>		ADDRESS <u>Wright City, Mo.</u>	
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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.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Pneumonia Bilobal patchy</u>						<u>2 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Intestinal Obstruction</u>						<u>17 days</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Carcinoma of Sigmoid Colon</u>						<u>none</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Hypertensive cardiac disease</u>							
Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma obstructing Sigmoid Colon 153X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-17, 1953, to 1-7, 1954, that I last saw the deceased alive on 1-7, 1954, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold Spelchek</u>		(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Wharton Mo.</u>		23c. DATE SIGNED <u>1-12-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>1-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>1/13/54</u>		REGISTRAR'S SIGNATURE <u>E. L. Hudman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Chapel</u>		ADDRESS <u>Wright City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*Julius J. Kieberg*  
Licensed Embalmer No. 3366

P. O. Address Wright City, Missouri

**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.