

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23574

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY OR TOWN La Belle		c. CITY OR TOWN La Belle	
c. LENGTH OF STAY (in this place) Life		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) 0560	
3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Jean c. (Last) Hawkins		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 23, 1868
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR 2 Months 26 Days	IF UNDER 1 HR. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) La Belle, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henderson Gregory	
13b. MOTHER'S MAIDEN NAME Martha Neal		14. NAME OF HUSBAND OR WIFE Roland Hawkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ***		16. SOCIAL SECURITY NO. *****	
17. INFORMANT'S SIGNATURE OR NAME Martha Neal		ADDRESS La Belle, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
II. OTHER SIGNIFICANT CONDITIONS arteriosclerosis + Senility		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422d	
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 1951 to July 19, 1954 that I last saw the deceased alive on July 17, 1954 , and that death occurred at 7:30 AM , from the causes and on the date stated above.			
23a. SIGNATURE Waldo B. Jones MD		23b. ADDRESS Knox City Mo	
23c. DATE SIGNED 7/24/54		23d. LOCATION (City, town, or county) (State) La Belle, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/21/1954	
24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery		24d. LOCATION (City, town, or county) (State) La Belle, Missouri	
DATE REC'D BY LOCAL REG. 7-26-54		REGISTRAR'S SIGNATURE P. W. Jennings, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE E. J. ...		ADDRESS La Belle, Mo.	

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 myself, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed J. L. Anderson Jr.

Licensed Embalmer No. 430

P. O. Address Labell

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.