

FILED AUG 23 1954

STANDARD CERTIFICATE OF DEATH

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <u>Cole</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>Jefferson City</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Kansas City</u> <small>Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Penitentiary</u>		• STREET ADDRESS (If rural, give location) <u>39th and Main Street 3688</u>	
3. NAME OF DECEASED a. (First) <u>Quentin</u> b. (Middle) <u>Bernard</u> c. (Last) <u>Hawley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, ⁹ WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April-1-1918</u>
9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk-Trucking Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Gilbert Hawley</u>	
13b. MOTHER'S MAIDEN NAME <u>Lottie B. Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Jacqueline Hawley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War #2</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S RELATIONSHIP OR NAME <u>H.B. Hawley, 10116 E. 48th, St.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>as bronchobolus</u>	
22. I hereby certify that I attended the deceased from <u>Aug 16 1954</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:10 P. M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Bruce W.D.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City Mo</u>	
23c. DATE SIGNED <u>8/16/54</u>		23d. LOCATION (City, town, or county) (State) _____	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August-19-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Longview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 18-1954</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>J. Ford</u>		ADDRESS <u>Jefferson City, Mo</u>	

AUG 28 1934

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 *Joseph J. Jordan*

Licensed Embalmer No. 128

P. O. Address *JE NW*

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.