

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33006

State File No.

BIRTH NO. 62167477-54 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) 2 hrs		c. CITY OR TOWN Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		STREET ADDRESS (If rural, give location) 318 Duncan St.			

3. NAME OF DECEASED (Type or Print) Phillis Jean Hawkins			4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1954		
a. (First)	b. (Middle)	c. (Last)	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours
Phillis	Jean	Hawkins	2	2	2
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	
8. DATE OF BIRTH Oct. 24, 1954		9. AGE (In years last birthday)		10. MONTHS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (City and State or Foreign Country) Columbia, Missouri	
12. CITIZEN OF WHAT COUNTRY? UAS					

13a. FATHER'S NAME Thornton S. Hawkins		13b. MOTHER'S MAIDEN NAME Lorraine Perrigo		14. NAME OF HUSBAND OR WIFE Infant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ----		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME Thornton Hawkins, Columbia, 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) Atelectasis		INTERVAL BETWEEN ONSET AND DEATH Life 2 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity		Life 2 hrs	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7625		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) (m.)		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 10-24, 1954, to 10-24, 1954, that I last saw the deceased alive on 10-24, 1954, and that death occurred at 2:50 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward L. Washington M.D.		23b. ADDRESS 909 University Ave		23c. DATE SIGNED 10/24/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 26, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) Columbia, Mo		25. GENERAL DIRECTOR'S SIGNATURE 31-2 [Signature]			
DATE REC'D BY LOCAL REG. Oct 25 1954		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		ADDRESS Memorial Funeral Home, Columbia, Mo.	

(Licensed Embalmer's Signature on Reverse Side)

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 ^{No} was emb
~~by me, or by~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyman H. Sprinkle*

Licensed Embalmer No. *401*

P. O. Address *Columb*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.