

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34584

State File No.

FILED NOV 8 - 1954

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>4315</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>MAEON</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>LAPLATA</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>MAEON</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LAPLATA</u>		d. STREET ADDRESS _____		(If rural, give location) <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ETHEL</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>HAWKINS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 27 1954</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>FEB 16, 1882</u>		9. AGE (in years last birthday) <u>72</u>		if UNDER 1 YEAR Months <u>8</u> Days <u>11</u>		if UNDER 18 Hrs. <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN J. ATTEBERY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BAKER</u>		14. NAME OF HUSBAND OR WIFE <u>E.H. HAWKINS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN O. HAWKINS</u> ADDRESS <u>WEBSTER BRVES MO</u>			
18. CAUSE OF DEATH (Enter only one cause per year for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma, rectum</u>		ANTECEDENT CAUSES				<u>2 years</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
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 <u>9-12-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma, rectum</u>				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) _____		21d. (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? _____			
22. I hereby certify that I attended the deceased from <u>7-6-1954</u> to <u>8-7-1954</u> , that I last saw the deceased alive on <u>8-7-1954</u> , and that death occurred at <u>5:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Kerkville, Mo.</u>		23c. DATE SIGNED <u>10-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 29 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAPLATA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LAPLATA MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov 2 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Laplata, Mo.</u>	

(Licensee Embalmer's Statement on Reverse Side)

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

0610

710-11-11-54

NOV 30 1954

NOV 30 1954

NOV 10 1954

RECEIVED
OREGON COUNTY HEALTH DEPARTMENT
County File No. 11-54,169
Date Filed 11-4-54

(2)

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 Kenneth M. Wilson

Licensed Embalmer No. 4201

P. O. Address La Plata Man

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.