

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41970

State File No.

FILED DEC 16 1954

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Parkville</u>		c. CITY OR TOWN <u>Parkville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12th & main</u>		e. STREET ADDRESS (If rural, give location) <u>12th & main St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Paulene</u> b. (Middle) <u>Aston</u> c. (Last) <u>Hawley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug 12, 1873</u>		9. AGE (In years last birthday) <u>81</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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 <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington D.C.</u>	

12. FATHER'S NAME <u>James Aston</u>		13. MOTHER'S MAIDEN NAME <u>Elizabeth</u>		14. NAME OF HUSBAND OR WIFE <u>Frederick Hawley, deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herrick K. Hawley</u> ADDRESS <u>Parkville, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis 5 yrs</u> DUE TO (c) <u>Generalized arteriosclerosis 15 yrs</u>			
		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		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) <u>4201</u>	
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?	

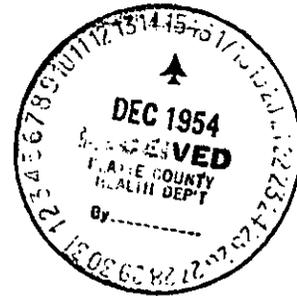
22. I hereby certify that I attended the deceased from Dec 1, 1954, to Dec 3, 1954, that I last saw the deceased alive on Dec 3, 1954, and that death occurred at 3 P m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>H. C. Thurman</u>		23b. ADDRESS <u>701 E 1st Parkville, Mo</u>		23c. DATE SIGNED <u>Dec 5, 1954</u>	
24. BURIAL, CREMATION, REMOVAL <u>Cremation</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edinwood Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 5-6-54</u>		REGISTRAR'S SIGNATURE <u>Alphia Raelins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leand G. Franzen</u> ADDRESS <u>Parkville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

930
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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, ~~you~~ by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Leland G. Francis*

Licensed Embalmer No. *345*

P. O. Address *Castroville*

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.