

FILED FEB 1 - 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 486

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 6396 Registrar's No. 930

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. (Institution residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Rural Kinder</u>		c. CITY OR TOWN <u>Rural Kinder</u> 0160	
c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>One mile west Burfordville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>One mile west Burfordville</u>			

3. NAME OF DECEASED (Type or Print) <u>HATTIE KINDER HAWKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23, 1955</u>		
a. (First)		b. (Middle)	c. (Last)		

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>Feb 15, 1896</u>	9. AGE (in years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>near Burfordville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>O.C. Kinder</u>	13b. MOTHER'S MAIDEN NAME <u>Cornelia Lesley</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Hawkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Kinder</u> ADDRESS <u>Burfordville, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal failure & uremia</u> <u>Arteriosclerotic cardiovascular</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>renal disease & hypertension</u> DUE TO (c) <u>Recurrent psychosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left hemiplegia of 3 yrs duration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 15, 1949, to Jan 11, 1955, that I last saw the deceased alive on Jan 11, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. H. Trolinger, M.D.</u> (Degree or title)	23b. ADDRESS <u>J. H. TROLINGER, M. D. JACKSON, MISSOURI</u>	23c. DATE SIGNED <u>1/25/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 25, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lesley</u>	24d. LOCATION (City, town, or county) (State) <u>near Burfordville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1/28/55</u>	REGISTRAR'S SIGNATURE <u>By Hand of [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Jackson, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 10 1955

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 Lynnan Steele

Licensed Embalmer No. 2476

P. O. Address Jacksonville

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.