

FILED FEB 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 857

| | | | | | | | | | |
|---|--|--|---|---|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>123</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>921-A</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> | | c. LENGTH OF STAY (in this place) <u>35 years</u> | | c. CITY OR TOWN <u>Springfield</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2028 W. Wall Street</u> | | | | e. STREET ADDRESS (If rural, give location) <u>2028 West Wall Street</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>James Otis Hawkins</u> | | | a. (First) | | b. (Middle) | | c. (Last) | | |
| 4. DATE OF DEATH <u>January 29 1955</u> | | (Month) | | (Day) | | (Year) | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>February 3 1883</u> | | | |
| 9. AGE (In years last birthday) <u>72</u> | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Structural Steel</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Steel</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede County, Missouri</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13a. FATHER'S NAME <u>James M. Hawkins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Horne</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edith Hawkins</u> | | |
| 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>Edith Hawkins</u> | | | ADDRESS <u>2028 W. Wall</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>Acute Coronary Occlusion</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Disease</u> | | | | 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 <u>4201</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Missouri</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 <u>1-14</u> , 19 <u>55</u> , to <u>1-29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-22</u> , 19 <u>55</u> , and that death occurred at <u>12:50 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Max Fitch</u> | | | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Springfield Mo</u> | | 23c. DATE SIGNED <u>2-5-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/31/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u> | | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>2-8-55</u> | | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray L. Buckley</u> | | | | ADDRESS <u>Springfield, Missouri</u> | |

(Licensed Embalmer's Statement 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 was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 14

P. O. Address Spring

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