

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5351**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5579** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural. Mineral</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Duenweg</b> <b>0490</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Jasper County Eb. Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Samuel Clarence Hawkins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 8, 1955</b>	
a. (First)	b. (Middle)	c. (Last)	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>3-17-1886</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Clair, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	

13a. FATHER'S NAME <b>Benjamin F. Hawkins</b>	13b. MOTHER'S MAIDEN NAME <b>Serena Maupin</b>	14. NAME OF HUSBAND OR WIFE <b>Hospital Records</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>
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.		19. INTERVAL BETWEEN ONSET AND DEATH <b>2</b>

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid 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	19b. MAJOR FINDINGS OF OPERATION <b>002X</b>	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) (Min.)	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 **4-22-1954**, to **3-8-1955**, that I last saw the deceased alive on **3-7-1955**, and that death occurred at **5 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. R. Laney M.D.</b>	(Degree or title)	23b. ADDRESS <b>Box 390 Webb City Mo</b>	23c. DATE SIGNED <b>3-8-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-12-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Webb City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Webb City, Mo.</b>

DATE REC'D BY LOCAL REG. <b>3-11-55</b>	REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston-Arnce-Simpson</b>	ADDRESS <b>Webb City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

490  
0

Jaeger County  
Exam. Reg. File Number 55-3-128  
MAY 14 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 *Jack C. Simpson*

Licensed Embalmer No. *4647*

P. O. Address *Webb City, Mo.*

**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.