

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5398

BIRTH NO.		REG. DIST. NO. 164	PRIMARY REG. DIST. NO. 5597	Registrar's No. 21
1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY Johnson.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural; Centerview		c. LENGTH OF STAY (in this place) 71 yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. Centerview, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural; Centerview 0510		
		d. STREET ADDRESS (If rural, give location) 8 R. F. D. Centerview, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) Alva		b. (Middle) James		c. (Last) Hawthorne
4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1955.				
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH April 20, 1883.	9. AGE (in years) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain	11. BIRTHPLACE (City and State or Foreign Country) Centerview Township, MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Samuel W. Hawthorne		13b. MOTHER'S MAIDEN NAME Margaret E. Duff		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 44-05500-34		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A Anna Gowans Centerview Mo.
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) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 hours 2 hours
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)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Feb 9, 1955, and that death occurred at 5 A. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Ruth D. Jones, MD		23b. ADDRESS Warrensburg, Mo.		23c. DATE SIGNED 2-10-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb. 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Centerview.
		24d. LOCATION (City, town, or county) Centerview.		(State) MO.
DATE REC'D BY LOCAL REG. Feb. 14, 1955		REGISTRAR'S SIGNATURE Savannah C. C. Phillips 147-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips, Warrensburg, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 14 1955
JOHNSON COUNTY HEALTH DEPT.

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 *John P. Rodgers*

Licensed Embalmer No. *4963*

P. O. Address *Warrensburg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.