

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12577**

FILED MAY 16 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **9040** Registrar's No. **91**

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Chillicothe</b>		c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY OR TOWN <b>Chillicothe</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Chillicothe Hosp</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> #2	
e. STREET ADDRESS (If rural, give location) <b>113 Webster</b>		0510	

3. NAME OF DECEASED a. (First) <b>Margaret</b>		b. (Middle)		c. (Last) <b>Hawkins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-3-55</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>April 22-83</b>		9. AGE (In years last birthday) <b>72</b>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Office Lady</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Chillicothe MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>R. Hawkins</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy E. Bucklin</b>		14. NAME OF HUSBAND OR WIFE <b>none</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. <b>no</b>		17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS <b>Frank Hawkins</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>same death</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auricular protuberance &amp; thromb</b>		3 yrs.	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture, neck left femur</b> <b>Renal failure</b>		1 day 1 day	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1331 F</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)		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 **1947**, to **May**, 1955, that I last saw the deceased alive on **3 May**, 1955, and that death occurred at **5:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles M. Gaud</b> (Degree or title)		23b. ADDRESS <b>Chillicothe MO</b>		23c. DATE SIGNED <b>5 May 1955</b>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <b>Edgewood</b>		24d. LOCATION (City, town, or county) (State) <b>Chillicothe MO</b>	
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DATE REC'D BY LOCAL REG. <b>5-5-55</b>		REGISTRAR'S SIGNATURE <b>Frances B Neill</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Beckwith Chillicothe MO</b>	
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(Licensed Embalmer's Statement on Reverse Side)

# 3227

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..... *E. Barrett*

Licensed Embalmer No. *32*

P. O. Address *Chillicothe*

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