

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30306**

FILED OCT 13 1955

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **150**

1. PLACE OF DEATH a. COUNTY Remiscot		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Remiscot	
b. CITY OR TOWN Hayti		c. CITY OR TOWN Hayti	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 07810	

3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) _____ c. (Last) Hawkins			4. DATE OF DEATH Month Sept Day 26 Year 1955		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 75		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Bolivar County Miss	
13a. FATHER'S NAME Dave Turpin		13b. MOTHER'S MAIDEN NAME Steward		14. NAME OF HUSBAND OR WIFE Celia	

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. _____		17. INFORMANT'S SIGNATURE OR NAME Julia Richards ADDRESS Hayti, Mo.	
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage		ANTECEDENT CAUSES		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 **5 Sept, 1955**, to **26 Sept, 1955**, that I last saw the deceased alive on **26 Sept, 1955**, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Julia Hawkins (Degree or title) MD		23b. ADDRESS Caruthersville Mo		23c. DATE SIGNED 26 Sept 55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-2-55		24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cem		24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.	
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DATE REC'D BY LOCAL REG. 9-29-55		REGISTRAR'S SIGNATURE John W. Kermack		25. FUNERAL DIRECTOR'S SIGNATURE John St. German ADDRESS Hayti, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

10-277-55

OCT 12 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John H. German*

Licensed Embalmer No. *435*

P. O. Address *Hayti, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.