

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32147

State File No.

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 117

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett
c. LENGTH OF STAY (In this place) 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) 914 Lincoln Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett
d. STREET ADDRESS (If rural, give location) 914 Lincoln Street

3. NAME OF DECEASED (Type or Print)
a. (First) Mary b. (Middle) Sue c. (Last) Hawkins
4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1955

5. SEX Female 6. COLOR OF RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Jan 16 - 1877 9. AGE (In years last birthday) 78 8 20 0 0 0

10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (City and State or Foreign Country) Paris, Texas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Evans 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Carriess Andrew Hawkins (decd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME Robert Hawkins ADDRESS Nichita, 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable coronary occlusion (b) Senescent arteriosclerosis (c) 4201

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 _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 16, 1952, to Oct 6, 1955, that I last saw the deceased alive on Sept 14, 1955 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul P. Dooly M.D. 23b. ADDRESS Monett, Mo. 23c. DATE SIGNED Oct 11, 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 10 1955 24c. NAME OF CEMETERY OR CREMATORY Odd Fellows 24d. LOCATION (City, town, or county) (State) Monett Lawrence Co. Mo.

DATE REC'D BY LOCAL REG. Oct 11-55 REGISTRAR'S SIGNATURE Mrs. P. N. Cook 513 FUNERAL DIRECTOR'S SIGNATURE Bennett Warrington ADDRESS Monett Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1055-345

DATE REC. 10-18-55

OCT 24 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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett 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.