

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

284

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>144</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>)		c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 1/2 N. 2nd St.</u>				e. STREET ADDRESS (If rural, give location) <u>104 1/2 N. 2nd St.</u> <u>01170</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>ROBERT</u>			c. (Last) <u>HAWKINS</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1956</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Board</u>		8. DATE OF BIRTH <u>Nov. ? ?</u>		9. AGE (In years last birthday) <u>Abt 61</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>			
14. NAME OF HUSBAND/OR WIFE <u>Hazel</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>566-05-8752</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. E.B. Whitcomb</u> ADDRESS <u>2629 Mulberry St. St. Joseph, Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Gastric Ulcer Hemorrhage</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Unk.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>5400</u>			
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 <u>4/20</u> , 19 <u>55</u> , to <u>2/3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/3</u> , 19 <u>56</u> , and that death occurred at <u>2:15p.</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>H F Mundy M.D.</u>			
23b. ADDRESS <u>2801 Sacramento St. St. Joseph, Missouri</u>		23c. DATE SIGNED <u>2/4/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/6/1956</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Feb 10, 1956</u>		REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>485</u>		ADDRESS <u>St. Joseph, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Bowman</u>		ADDRESS <u>St. Joseph, Mo</u>			

WRITE PLAINLY—USING UNFAADING 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 *James P. Hawker*.....

Licensed Embalmer No. 45.....

P. O. Address 39 So 10th.....

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.