

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 935

BIRTH NO. _____		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>5430</u>		Registrar's No. <u>558</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Central</u>)		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY OR TOWN <u>St. Clair</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>50</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rieker Ford Road</u>				STREET ADDRESS (If rural, give location) <u>Rieker Ford Road-Central Twp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u> b. (Middle) <u>E</u> c. (Last) <u>Hawkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1956</u>				
5. SEX: <u>Male</u> <input type="radio"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 24, 1880</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Well Drilling</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jeffriesburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. W. Hawkins</u>		13b. MOTHER'S MAIDEN NAME <u>Jenny Van Leer</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Hawkins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lee Hawkins</u>		ADDRESS <u>St. Clair, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Arrhythmia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>6 yrs</u> <u>3 yrs</u> <u>3 yrs</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>334x</u>					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 <u>9-26</u> , 19 <u>55</u> , to <u>Jan 8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 7</u> , 19 <u>56</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Lloyd M. Williams M.D.</u>				23b. ADDRESS <u>St. Clair, Mo.</u>		23c. DATE SIGNED <u>1-9-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-10-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-10-56</u>		REGISTRAR'S SIGNATURE <u>Lloyd Williams</u> <u>511-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey & Ernst</u>		ADDRESS <u>St. Clair, Mo.</u>	

(Licensed Emballer's Statement on Reverse Side)

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 *H. M. Ernst*.....
Licensed Embalmer No. *3600*

P. O. Address *St. Clair*.....

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.