No. 300
10-48

FILED JAN 25 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

3545

State File No.

BIRTH NO. REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 16

1020

**1. PLACE OF DEATH**
a. COUNTY Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dexter Liberty Twp.
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Davis Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Stoddard
c. CITY OR TOWN Essex
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1020

**3. NAME OF DECEASED** (Type or Print)
a. (First) Alonzo
b. (Middle) NMI
c. (Last) Hawley

**4. DATE OF DEATH** (Month) (Day) (Year) Jan. 7, 1956

**5. SEX** male
**6. COLOR OR RACE** white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married
**8. DATE OF BIRTH** Dec. 12, 1887
**9. AGE** (In years last birthday) 68 — 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) City Policeman
**10b. KIND OF BUSINESS OR INDUSTRY** Police work
**11. BIRTHPLACE** (City and State or Foreign Country) Essex, Mo.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Buck Hawley
**13b. MOTHER'S MAIDEN NAME** Artmica Bolin
**14. NAME OF HUSBAND OR WIFE** Kate Hawley

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no
(If yes, give war or dates of service) x x x x x x
**16. SOCIAL SECURITY NO.** 489-14-9739
**17. INFORMANT'S SIGNATURE OR NAME** Kate Hawley — ADDRESS Essex, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 to

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis — chronic

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* 33/x

**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) m.
**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* Jan 7 *, 19*56 *to* Jan 7 *, 19*56*, that I last saw the deceased alive on* Jan 7 *, 19*56 *and that death occurred at* 9:00 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) D. S. Davis M.D.
**23b. ADDRESS** Dexter Mo.
**23c. DATE SIGNED** 1-18-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify) burial
**24b. DATE** 1-10-56
**24c. NAME OF CEMETERY OR CREMATORY** Essex Cemetery
**24d. LOCATION** (City, town, or county) (State) Essex, Mo.

**DATE REC'D BY LOCAL REG.** 1-21-56
**REGISTRAR'S SIGNATURE** Velma V. Jenkins 409
**25. FUNERAL DIRECTOR'S SIGNATURE** Watkins & Sons — ADDRESS Dexter, Mo.

(Licensed Embalmer'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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Ma

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