

FILED APR 3 - 1956

STANDARD CERTIFICATE OF DEATH 5639

State File No. 9637

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4268 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY OR TOWN Local Freedom	c. LENGTH OF STAY (in this place township) 10 yr.	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 3/4 Mi. NW of Mayview		f. STREET ADDRESS (If rural, give location) 2 3/4 Mi. NW of Mayview.	

3. NAME OF DECEASED (Type or Print) a. (First) Alexander b. (Middle) Theodore c. (Last) Hawkins	4. DATE OF DEATH (Month) (Day) (Year) 3 26 56					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH II-4-1871	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 8 Days 4	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Polk County, Missouri	12. CITIZENRY OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Isaac Hawkins	13b. MOTHER'S MAIDEN NAME Sarah Hawkins	14. NAME OF HUSBAND OR WIFE deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Odell Higginville, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES DUE TO (b) Virus DUE TO (c) This man had been ill II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ill with a respiratory infection of about 3 weeks		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No surgery	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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 <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 **March 24, 1956**, to **March 26, 1956**, that I last saw the deceased alive on **3-26, 1956**, and that death occurred at **2:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Martin	23b. ADDRESS Odessa Mo	23c. DATE SIGNED 3-26-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-29-56	24c. NAME OF CEMETERY OR CREMATORY Bear Creek	24d. LOCATION (City, town, or county) (State) Ozola Mo.

DATE REC'D BY LOCAL REG. 3-28-56	REGISTRAR'S SIGNATURE Emma Davidson	FUNERAL DIRECTOR'S SIGNATURE Forrest A. Hofer	ADDRESS Higginville, Mo.
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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 *Forest R. Hoefler*

Licensed Embalmer No. *480*

P. O. Address *Huygum...*

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.