

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14025

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Rural Warren Township</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS _____		(If rural, give location) <u>Monroe City, RFD. # 0641</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Hawkins</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>April</u>	<u>18</u>	<u>1956</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>August 2: 1885</u>	9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SHELBY County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>L. D. McElasson</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Abbie Hawkins</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis B. Hawkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edmond A. Hawkins</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from April 14, 1956, to April 18, 1956, that I last saw the deceased alive on April 18, 1956, and that death occurred at 10:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Bruce M. D.</u> (Degree or title)	23b. ADDRESS <u>Hannibal Missouri</u>	23c. DATE SIGNED <u>4-19-1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-21-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ANDREW Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marion County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-23-56</u>	REGISTRAR'S SIGNATURE <u>Dwight L. Ledy WC Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON &amp; Sons</u>	ADDRESS <u>Monroe City, Mo.</u>
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 26 1956  
MARION CO. HEALTH DEPT.  
DATE FILED APR 26 1956

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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Leslie L. Wilson.....

Licensed Embalmer No. 3014.....

P. O. Address Albion, Ct......

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.