

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15724

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 148

|  |                                      |  |  |
|--|--------------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>                         |                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u> |  |
| b. CITY OR TOWN <u>Fulton</u>  | c. LENGTH OF STAY (In days) <u>0</u> | c. CITY OR TOWN <u>Camdenton</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Memorial Hosp.</u> |                                      | e. STREET ADDRESS (If rural, give location)  |  |

|  |  |  |   |  |
|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)  | a. (First) <u>Lefta</u>                          | b. (Middle) <u>Eletha</u>  | c. (Last) <u>Hawkins</u>                | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 15, 1956</u>   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>                    | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>            | 8. DATE OF BIRTH <u>Dec. 10, 1898</u>   | 9. AGE (In years last birthday) <u>57</u><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 10 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Camden County Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |  |

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <u>John Martin</u>  | 13b. MOTHER'S MAIDEN NAME <u>Linnie Wyrick</u> | 14. NAME OF HUSBAND OR WIFE <u>Phillip 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. <u>unknown</u>         | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Phillip Hawkins Camden ton Mo.</u> |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><u>10 minutes</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive Cardiac Renal Disease</u><br>DUE TO (c) <u>Open Atherosclerosis</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br><u>4201</u> |
| 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 8/3, 1952 to 5/15, 1956, that I last saw the deceased alive on 5/15, 1956, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

|  |   |   |
|--|---|---|
| 23a. SIGNATURE (Degree or title)<br><u>George F. Wood MD</u>               | 23b. ADDRESS<br><u>614 Market St. Fulton Mo</u> | 23c. DATE SIGNED<br><u>5/16/56</u>                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                    | 24b. DATE<br><u>5/18/56</u>                     | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Linn Creek</u> |
| 24d. LOCATION (City, town, or county) (State)<br><u>Camdenton Missouri</u> |   |   |

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>May 19-1956</u> | REGISTRAR'S SIGNATURE<br><u>Martha Lawrence</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Marquis Funeral Home Fulton Mo</u> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

260

1 JUN 1 1956

---

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: *Wm A Stewart*

Licensed Embalmer No. *37*

P. O. Address *Fulton*

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.