

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16693

State File No. \_\_\_\_\_

FILED JUN 7 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		c. CITY OR TOWN <b>Independence</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>121 North Wilson</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Ida</b>	b. (Middle) <b>Bell</b>	c. (Last) <b>Hawn</b>	(Month) <b>May</b>	(Day) <b>27</b>	(Year) <b>1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 8, 1870</b>		9. AGE (In years last birthday) <b>86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Norfolk Co., Canada</b>		12. CITIZEN OF WHAT COUNTRY? <b>2</b>

13a. FATHER'S NAME <b>Peter Hages</b>		13b. MOTHER'S MAIDEN NAME <b>Nahattabole Stickney</b>		14. NAME OF HUSBAND OR WIFE <b>Osro J. Hawn</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Donald Osborne Compton, Calif</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		DUE TO (b) <u>Arteriosclerosis</u>			<u>7 1/2</u> <u>years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Old age - senescence</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had Lada Virus 6 weeks</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>clay infection</u>			20. AUTOPSY? 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)	
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 4-15-1956, to 5-27-1956, that I last saw the deceased alive on 2-7-1956, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. H. Allen M.D.</u>		23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>5-29-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 29, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove</b>	
24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Roland R. Speaks Indep. Mo</b>			
DATE REC'D BY LOCAL REG. <b>5-29-56</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
40

54

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

Student.....  
Signature of Student Embalmer

Signed *R. Kenneth Gatterson*

Licensed Embalmer No. *4691*

P. O. Address *Indep. Mo.*

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