

FILED JUN 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. 20544
2328
Registrar's No. 1002

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (in this place) 13 yrs.	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital		STREET ADDRESS (If rural, give location) 1116 E. 15 th. St.	

3. NAME OF DECEASED (Type or Print) a. (First) Cecil	b. (Middle) W.	c. (Last) Hawman	4. DATE OF DEATH (Month) (Day) (Year) May 26, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1897	9. AGE (In years last birthday) Months Days Hours Min. 59
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical Dept.	10b. KIND OF BUSINESS OR INDUSTRY Columbian Elec. Co.	11. BIRTHPLACE (City and State or Foreign Country) Stewartsville Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eugene Hawman	13b. MOTHER'S MAIDEN NAME Alice E. Robbins	14. NAME OF HUSBAND OR WIFE Mildred M. Hawman
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War 1	16. SOCIAL SECURITY NO. 1-91-09-1850	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred M. Hawman	ADDRESS K.C. Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 12 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial failure DUE TO (c) myocardial infarction		3 day 3 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) m.	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 **May 15, 1956** at **May 26, 1956** at I last saw the deceased alive on **May 26, 1956** and that death occurred at **10:45 AM** from the causes and on the date stated above.

22a. SIGNATURE R. M. Slick	22b. ADDRESS D. O. 926 E 11th St. Mo.	22c. DATE SIGNED 5/27/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/27/56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Plattsburg Mo.
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DATE REC'D BY LOCAL REG. 5-27-56	REGISTRAR'S SIGNATURE Neval Minsell	25. FUNERAL DIRECTOR'S SIGNATURE Stine & Mc Clure Und. Co.	ADDRESS K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
R. M. Slick

VS
JUL 22 1959

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 *Elmer D. Triplett*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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.