

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21195**
Registrar's No. **207**

No. 300
10.48

FILED JUN 25 1956

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 207	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Hannibal		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 Levering Hospital				e. STREET ADDRESS (If rural, give location) 212 No. 8th St.			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) E.		c. (Last) Hawkinson		4. DATE OF DEATH (Month) (Day) (Year) 6-14-56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5/5/1897		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman		10b. KIND OF BUSINESS OR INDUSTRY Rubber Plant		11. BIRTHPLACE (City and State or Foreign Country) Galesburg, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Hawkinson			13b. MOTHER'S MAIDEN NAME Ingrid Munson		14. NAME OF HUSBAND OR WIFE Matilda Hawkinson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. J. Hawkinson, Hannibal, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia ANTECEDENT CAUSES DUE TO (b) Carcinoma ptosis, carcinoma of bladder 6 months DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) 181X			
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 June 1, 1956 , to June 14, 1956 , that I last saw the deceased alive on June 14, 1956 , and that death occurred at 2:45 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature]			23b. ADDRESS (Degree or title) M. D. 707 Bdwy, Hannibal, Mo.			23c. DATE SIGNED 6-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/16/56	24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Pk, Hannibal, Mo.		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. 6-19-56		REGISTRAR'S SIGNATURE Dr. E. M. Lucke by W. C. Fisher		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Hannibal, Mo.	

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

JUN 21 1956
RECEIVED
MARION CO. HEALTH DEPT
DATE FILED JUN 21 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..... *H. M. O'Donnell*

Licensed Embalmer No..... 388

P. O. Address... Hannibal, M

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.