

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25908**

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>165</u>				
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) --a. STATE <u>Missouri</u>				b. COUNTY <u>Audrain</u>		
b. CITY OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Mexico</u>		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 <u>1019 North Washington</u>				e. STREET ADDRESS (If rural, give location) <u>1019 North Washington</u>				<u>ed 430</u>		
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Rose</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Hawkins</u>			
			4. DATE OF DEATH		Month <u>Aug.</u>		Day <u>20</u> Year <u>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>Apr. 4, 1906</u>		9. AGE (In years last birthday) <u>50</u>		
						IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 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>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Centralia, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>L. F. Frosch</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Stanton</u>			14. NAME OF HUSBAND OR WIFE <u>Clark Hawkins</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Clark Hawkins</u>			ADDRESS <u>Mexico, Mo.</u>		
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>30 min.</u>	
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>							
			ANTECEDENT CAUSES							
			Morbid 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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
									<u>4201</u>	
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) (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 <u>Aug 6</u> , 19 <u>56</u> , to <u>Aug 20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Aug 20</u> , 19 <u>56</u> , and that death occurred at <u>9:09</u> m., from <u>the</u> causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Benjamin D. Jolly MD</u>					23b. ADDRESS <u>112 N. Clark Mexico, Mo</u>			23c. DATE SIGNED <u>8/20/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)				
<u>Burial</u>		<u>8-22-1956</u>		<u>East Lawn Memorial Park</u>		<u>Mexico, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Aug 22 1956</u>			REGISTRAR'S SIGNATURE <u>Blanche Neely</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arnold Funeral Home Mexico, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

9-0

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 *M. P. Knight*

Licensed Embalmer No. *4655*

P. O. Address *Merino, Va.*

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.