

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33254

FILED NOV 13 1956
XC-1973 44 21
REG. NO. 11778
BIRTH NO.

REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007
State File No. Registrar's No. 525

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

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY REYNOLDS	
b. CITY (If outside corporate limits, write RURAL and give town) POPLAR BLUFF		c. LENGTH OF STAY (In this place) 148 days	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		e. STREET ADDRESS (If rural, give location) 04001	
3. NAME OF DECEASED (Type or Print) a. (First) ROY	b. (Middle) CLARENCE	c. (Last) HAWKINS	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 24, 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED (Specify) NEVER MARRIED	8. DATE OF BIRTH 4-18-1900
9. AGE (In years last birthday) 56	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and State or Foreign Country) BLACK, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ROBERT A. HAWKINS	13b. MOTHER'S MAIDEN NAME SARAH I. MINER	14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CARCINOMATOSIS		INTERVAL BETWEEN ONSET AND DEATH 5 mos.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) ADENOCARCINOMA OF RECTUM	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? NO		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 May 29, 1956 , to Oct. 24, 1956 , and that death occurred at 3:10p m. , from the causes and on the date stated above.			
23a. SIGNATURE C. W. GASKINS		23b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	23c. DATE SIGNED 10-25-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-27-56	24c. NAME OF CEMETERY OR CREMATORY BLACK CEMETERY	24d. LOCATION (City, town, or county) (State) BLACK MO.
DATE RECD BY LOCAL REG. 10/30/56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS WHITE FUNERAL HOME IRONTON MO.

RECEIVED
NOV 4 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

NOV 14 1956

DEC 11 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 *Paul J. White* _____

Licensed Embalmer No. *3012* _____

P. O. Address *Clinton* _____

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.