

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9514

STATE FILE NUMBER

FILED MAR 25 1957

Registration District No. 247 Primary Registration District No. 4367 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton				
b. CITY (If outside corporate limits, give TOWNSHIP only) Ritchey			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ritchey 07300		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Length of stay in lb	d. STREET ADDRESS None (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Benjamin F. Hawkins				First	Middle	Last	4. DATE OF DEATH Month 3 Day 14 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-17-1978		9. AGE (In years last birthday) 79	IF UNDER 1-YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Barry county 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Monroe Hawkins				14. MOTHER'S MAIDEN NAME Mary Rice				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-18-7511	17. INFORMANT Address Mrs May Hawkins Ritchey, Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebrovascular accident DUE TO (c) Generalized arterio-sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 5 mins 5 days 1 yr	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Granby, Mo.		20g. COUNTY STATE		
21. I attended the deceased from Feb. 5, 1957 to March 11, 1957 and last saw her/him alive on 3/11/57 Death occurred at 8:35am on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Charles O. Chesty DO</i>				22b. ADDRESS Granby, Mo.		22c. DATE SIGNED 3/15/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-17-1957	23c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cemetery		23d. LOCATION (City, town, or county) (State) Rocky Comfort, Missouri				
24. FUNERAL DIRECTOR ADDRESS Culver-Shewmake Granby, Mo.			25. DATE RECD. BY LOCAL REG. MAR. 16, 1957		26. REGISTRAR'S SIGNATURE <i>M. L. Young</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

S. 300
1-56

Health,
& Welfare
Public
Service

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Hewitt

District File Number 357-68

Date Filed MAR 22 1957

MAR 29 1957

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 Hoy E. Stewart

Licensed Embalmer No. 492
P. O. Address Box 58 Granby

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