

FILED MAY 23 1957

## STANDARD CERTIFICATE OF DEATH

16361

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4061</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Braymer</u>		c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		c. CITY OR TOWN <u>Braymer</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>city limits</u>				e. STREET ADDRESS (If rural, give location) <u>0130</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Hawkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4/15/1957</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5/8/1876</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Richard J. Hawkins</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Keith</u>		14. NAME OF HUSBAND OR WIFE <u>Mable Hawkins</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>many years</u> <u>many years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332x	
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 <u>June</u> , 19 <u>47</u> , to <u>Apr. 15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Apr. 15</u> , 19 <u>57</u> , and that death occurred at <u>7 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. Goldberg M.D.</u> (Degree or title)				23b. ADDRESS <u>Braymer, Mo.</u>		23c. DATE SIGNED <u>4/17/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/17/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carroll Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-14-1957</u>		REGISTRAR'S SIGNATURE <u>Dr. Ruth Ann Jungart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leub, Michael</u>		ADDRESS <u>Braymer, Mo.</u>	

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

499-0

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 Name \_\_\_\_\_

~~working under my personal supervision.~~

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Erub. Michael*

Licensed Embalmer No. *4340*

P. O. Address *Braymer, Mo*

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.