S. No. 300
v. 10.48

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

FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20730

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 575-D

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural East Benton
d. STREET ADDRESS (If rural, give location) Fordland, Rt 2 1120

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) 0
c. (Last) HAWKINS

4. DATE OF DEATH (Month) June (Day) 26 (Year) 1957

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Feb. 3. 1886

9. AGE (In years last birthday) 71 | 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Webster Co missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME George Hawkins

13b. MOTHER'S MAIDEN NAME Burke

14. NAME OF HUSBAND OR WIFE Susie Hawkins (wife)

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. 497-40-8868

17. INFORMANT'S SIGNATURE OR NAME Mrs Charles Hawkins **ADDRESS** Fordland, mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate with widespread metastases — INTERVAL BETWEEN ONSET AND DEATH unknown

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. 177X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 June, 19 57, *to* 26 June, 19 57, *that I last saw the deceased alive on* 6/26/, 1957, *and that death occurred at* 3:19 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Francis M Maple M.D (Degree or title)

23b. ADDRESS Springfield, Mo

23c. DATE SIGNED 5 July 57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/29/1957

24c. NAME OF CEMETERY OR CREMATORY Green Hill Cemetery

24d. LOCATION (City, town, or county) Webster Co Missouri (State)

DATE REC'D BY LOCAL REG. 7-8-57

REGISTRAR'S SIGNATURE Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE Lynn Farrell **ADDRESS** Fordland, mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1959

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Alan B. Farrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, 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 this body is not embalmed, fact should be so stated above.