

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29529**
Registrar's No. **7229**

FILED AUG 26 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS Mo)		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION 14 JEWISH HOSPITAL		e. STREET ADDRESS (If rural, give location) 2330 TEXAS	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) HAWN c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JULY 31 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 12 1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
13a. FATHER'S NAME JAMES BRIGHT		13b. MOTHER'S MAIDEN NAME IDA WEBB	14. NAME OF HUSBAND OR WIFE IRVIN B. HAWN
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. 498-10-8366	17. INFORMANT'S SIGNATURE OR NAME ADDRESS IRVIN B. HAWN 2330 TEXAS

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) epidermal cancer of lungs		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
		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. 163X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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 **Jan 27, 19**, to **7/31/57**, 19, that I last saw the deceased alive on **July 30, 1957**, and that death occurred at **10 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. W. E. Larson M.D.	23b. ADDRESS 100 N. Euclid	23c. DATE SIGNED 8/12/57
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Aug. 4 1957	24c. NAME OF CEMETERY OR CREMATORY CHESTNUT RIDGE
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Carl Smith	24d. LOCATION (City, town, or county) (State) FARMINGTON Mo
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuter		ADDRESS 2906 Travis

AUG 2 '57

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

Provision 100 N Euclid
7-100 AM FRIDAY
12 noon
most Re. information
Back of Balance 15000 at
FOI-0717

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 *Leif Burdette*
Licensed Embalmer No. 390
R. O. Address *St. Louis*

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.