

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39948

STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1151

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield, 0396		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.			Length of stay in lb 3 days		d. STREET ADDRESS 1834 E. Walnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mary Middle Cora Last Hawkins				4. DATE OF DEATH November 28, 1957 Month November Day 28 Year 1957					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 26, 1889		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Months 2 Days 2 Hours Min. IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In Home			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Brumley, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James M. Hawkins				14. MOTHER'S MAIDEN NAME Julia Ann Martin					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Nellie J. Pugh Address Springfield,				
18. CAUSE OF DEATH [Enter one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO (b) Chronic myocarditis & auricular fibrillation DUE TO (c) Hypertensive Cardiovascular disease 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 4 years MO.	
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.) 443X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour Month Day Year a. m. 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 Springfield COUNTY Greene STATE Mo.	
21. I attended the deceased from Oct. 8, '54 to Nov 28 '57 and last saw her alive on Nov 28 '57 Death occurred at 2:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.								22c. DATE SIGNED Nov 29 1957	
22a. SIGNATURE J. Delaney M.D. (Degree or title)			22b. ADDRESS 609 Cherry St.			22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE November 30, 1957		23c. NAME OF CEMETERY OR CREMATORY Hawkins		23d. LOCATION (City, town, or county) (State) BRUMLEY, Missouri			
24. FUNERAL DIRECTOR Dorman Schaefer ADDRESS 7. Home Ave. Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 11-29-57		26. REGISTRAR'S SIGNATURE Edith Williamson			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare
Public Service
S. 300
y. 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 Douglas P. German, Student Embalmer No. 546 working under my personal supervision..

Student Douglas P. German
Signature of Student Embalmer

Signed Lewis G. Schartz

Licensed Embalmer No. 386

P. O. Address Spangfield

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..