

FILED DEC 9 1957

STANDARD CERTIFICATE OF DEATH

40975

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 5640 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Davis		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Mayview, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS 2 Mi. West Of Mayview			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH			Month	Day	Year		
BARBARA			ANN	HAWTHORNE			II	28	57				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 19, 1940	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Months	Days	Hours	Min.			
6	19	0	0	0	0	0	0	0	0	0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?					
Card Manufacturing				Leeton, Mo		Leeton, Mo		USA					
13. FATHER'S NAME Willard W. Hawthorne						14. MOTHER'S MAIDEN NAME Anna Cox Hawthorne							
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 Address								
no			500-42-9121		Mrs. W. W. Hawthorne Mayview, 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) Multiple skull fractures with cerebral contusions & lacerations										INTERVAL BETWEEN ONSET AND DEATH 0			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)			
										DUE TO (c) Auto Accident - crushed			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" 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.) Auto overturned on victim										
20c. TIME OF INJURY 3:45	Hour	Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Near Hicorville Mo.	20f. CITY, TOWN, OR LOCATION Hicorville	COUNTY Lafayette	STATE Mo.								
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 3:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE John B. Dist. M. D.						22b. ADDRESS Hicorville, Mo.			22c. DATE SIGNED 11/29/57				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)			(State)				
Burial		11-30-57		Adams		10 Mi. west of Warrensburg,			Mo.				
24. FUNERAL DIRECTOR Forrest A. Hook				ADDRESS Hicorville Mo				25. DATE RECD. BY LOCAL REG. 12-2-57		26. REGISTRAR'S SIGNATURE Marion D. Bailey			

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IBI-1-100

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 *Forest R Hoefler*

Licensed Embalmer No. 4801

P. O. Address Higginville,

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.