

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44397

STATE FILE NUMBER

5650

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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. Mary's Hospital		Length of stay in lb 42 yrs	d. STREET ADDRESS (If outside, give location) 819 W. 77th St.
3. NAME OF DECEASED (Type or print) First VERA Middle M. Last HAWKE		4. DATE OF DEATH Month Nov. Day 29 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 6, 1915
9a. AGE (In years last birthday) 42		9b. FUNDER YEAR Months 0 Days 0 Hours 0 Min. 0	9c. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Macy's Dept. Store	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Gustor Delmar	
13b. MOTHER'S MAIDEN NAME Vera M. Schad		14. NAME OF HUSBAND OR WIFE Sebren Hawke	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 515-24-0878	17. INFORMANT Address Mrs. Wilma Blacketer, 3031 Troost
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Institution			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Institution			
DUE TO (c) Coronary Artery Ect. V.			171X
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 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.)	
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from March 6, 1957 to Nov. 29, 1957 and last saw her/him alive on Nov. 29, 1957 . Death occurred at 7:23 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gerald L. Miller M.D. (Degree or title)		22b. ADDRESS 4706 Burdette	22c. DATE SIGNED 11/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-2-57	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home		25. DATE RECD. BY LOCAL REG. 11-29-57	26. REGISTRAR'S SIGNATURE Irene Minshall

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.

Gerald L. Miller. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

A. Kenneth Miller
4706 Broadway
Lo 1-9496

KP
2

1 - 2:30 PM

Line

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 Geo. A. Jackson, Student Embalmer No. 558 working under my personal supervision.

Student George A. Jackson
Signature of Student Embalmer

Signed Arthur Eugene Nease

Licensed Embalmer No. 2912
P. O. Address Lo 1-9496

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.