

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005028
STATE FILE NUMBER

Registration District No. 115-114 Primary Registration District No. 3020 Registrar's No. 78

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE, IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If <u>Residence</u> a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rosbud</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		Length of stay in 1b <u>7 wks</u>	d. STREET ADDRESS (If outside, give location) <u>R#1</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles E. Hawkins</u>			4. DATE OF DEATH Month Day Year <u>Feb 16, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 7, 1891</u>
9. AGE (In years last birth day) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>	11. BIRTHPLACE (City and state or country) <u>Sullivan, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William H. Hawkins</u>	13b. MOTHER'S MAIDEN NAME <u>Rebachel Pierce</u>
14. NAME OF HUSBAND OR WIFE <u>Hattie Hawkins</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or of unknown) (If yes, give year or dates of service) <u>yes W.W. I</u>	16. SOCIAL SECURITY NO. <u>492-22-1963</u>
17. INFORMANT <u>Jennie S. Forward</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterial Sclerotic St. Disease</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Alcoholism & alcoholic psychosis</u>			
19. WAS AUTOPSY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 <u>12 57</u> to <u>Feb 16, 1958</u> and last saw her alive on <u>Feb 15, 58</u> Death occurred at <u>3:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas E. Schmitt M.D.</u>		22b. ADDRESS <u>Rosbud</u>	
22c. DATE SIGNED <u>2-17-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Feb. 18, 1958</u>	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		24. FUNERAL DIRECTOR <u>Heiburg & Witt, Inc. Washington Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>2/17/58</u>		26. REGISTRAR'S SIGNATURE <u>J. P. Schumann J. P. Schumann reg.</u>	

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1958

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 *Lester A. Vitt*

Licensed Embalmer No. *3254*
P. O. Address *Washington, D.C.*

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.