

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006747
STATE FILE NUMBER

FILED MAR 6 - 1958

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Pike</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Clarksville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>		Length of stay in 1b <u>17 days</u>	d. STREET ADDRESS <u>RFD Clarksville</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ANNIE</u> Middle <u>BERTHA</u> Last <u>HAWKINS</u>			4. DATE OF DEATH Month <u>FEB.</u> Day <u>24</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 27, 1883</u>	9. AGE (In years last birthday) <u>74</u>
IF UNDER YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and state or country) <u>Pike Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			13. FATHER'S NAME <u>Samuel Oliver</u>		
14. MOTHER'S MAIDEN NAME <u>Cynthia Groomes</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		
16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT Address <u>Albert Hawkins, RFD, Clarksville, Mo.</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>pulmonary edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>metastatic malignant melanoma</u> DUE TO (c) <u>(primary from rt. 1st toe)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>2 mo</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>1907</u>					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 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>1/11/58</u> , to <u>2/24/58</u> and last saw her ^{him} alive on <u>2/24/58</u> Death occurred at <u>10 AM</u> m on the date stated above; and to the best of my knowledge, from the cause stated.					
22a. SIGNATURE (Degree or title) <u>John W. Middleton M.D. Louisiana Mo.</u>				22b. ADDRESS <u>Louisiana Mo.</u>	
22c. DATES SIGNED <u>2/25/58</u>					
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/26/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Buffalo Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pike Co., Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Sterne Funeral Home, Louisiana, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>March 26, 1958</u>		
			26. REGISTRAR'S SIGNATURE <u>Bernice Callie</u>		

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.....
Virginia M. Sterne

Licensed Embalmer No...465

P. O. Address *Pennington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.