

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State No. **58-022916**

FILED JUL 14 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **1521**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. LENGTH OF STAY (In this place) <b>83</b>	c. CITY OR TOWN <b>Moberly</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>538 Winchester St</b>		STREET ADDRESS (If rural give location) <b>538 Winchester St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MINNIE</b> b. (Middle) <b>ALICE</b> c. (Last) <b>HAWKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 3 - 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 14 - 1866</b>
9. AGE (In years last birthday) <b>81</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 4 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>New Franklin Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
12a. FATHER'S NAME <b>Daniel T. Pearson</b>		13b. MOTHER'S MAIDEN NAME <b>Matildia</b>	
14. NAME OF HUSBAND OR WIFE <b>Clayton Hawker</b>		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'S SIGNATURE OR NAME <b>Nettie Stemons</b> ADDRESS <b>7238 1/2th St.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepostatic Pneumonia</b> ANTECEDENT CAUSES DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Arteriosclerotic Heart disease</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <b>Jan, 1956</b> , to <b>7-3, 1958</b> , that I last saw the deceased alive on <b>7-3, 1958</b> , and that death occurred at <b>5 P. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>H. C. Kelley</b> (Degree or title) _____		23b. ADDRESS <b>Moberly Mo</b>	
23c. DATE SIGNED <b>7-5-58</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>July 6th</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	
24d. LOCATION (City, town, or county) (State) <b>Moberly Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert L. Carr</b> ADDRESS <b>417 N. 5th St</b>	
DATE REC'D BY LOCAL REG. <b>7-5-58</b>		REGISTRAR'S SIGNATURE <b>Paul S. Carr</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Robert L. Carr*.....

Licensed Embalmer No. *3190*

P. O. Address *417 N. Fifth  
Mobile, Mo*

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.