

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029611

State File No.

On trace.
FILED AUG 18 1958

BIRTH NO. _____		REG. DIST. NO. <u>187</u>	PRIMARY REG. DIST. NO. <u>3040</u>	Registrar's No. <u>122</u>
1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston		
b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) Chillicothe <u>0592</u>		
c. LENGTH OF STAY (In this place) 1 yr.		d. STREET ADDRESS (If rural, give location) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jones Nursing Home, 335 Ma nsur				
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Hawkins		c. (Last) Hawkins
4. DATE OF DEATH (Month) (Day) (Year) 8 3 58		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 2-27-1870
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		
10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Chillicothe Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME Ruben Hawkins		13b. MOTHER'S MAIDEN NAME Nancy Hicklin		14. NAME OF HUSBAND OR WIFE None
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. NO.		17. INFORMANT'S SIGNATURE OR NAME Evoles Schertel
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) Chronic glomerulo-nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diphtheria @ Secondary artros (arthritis) @ weather structure		INTERVAL BETWEEN ONSET AND DEATH 3 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) 592 X
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 _____, 19 <u>47</u> , to <u>Aug</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5 Aug.</u> , 19 <u>58</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE Charles M. Grace M.D.		23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED 8/5/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-6-58		24c. NAME OF CEMETERY OR CREMATORY Edgewood
24d. LOCATION (City, town, or county) Chillicothe		24e. (STATE) Mo.		
DATE REC'D BY LOCAL REG. 8-5-58		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE Carl M. Kearney
		ADDRESS Chillicothe Mo.		

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

