

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036050
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1044

S. 300
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. SPFD. BAPTIST			Length of stay in lb	d. STREET ADDRESS 1355 SOUTH CLAY			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRED R. HAWKINS				4. DATE OF DEATH Month Day Year OCT, 29, 1958			
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT, 18, 1883		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. LUMBER MAN		10b. KIND OF BUSINESS OR INDUSTRY LUMBER		11. BIRTHPLACE (City and state or country) STONE COUNTY, MO. 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME GEORGE E. HAWKINS			13b. MOTHER'S MAIDEN NAME LUCY C. WASSON			14. NAME OF HUSBAND OR WIFE WIFE DECEASED	
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. unknown		17. INFORMANT Address MR LEON HAWKINS, SPRINGFIELD, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Probable Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH. about 30 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)							
DUE TO (c) UNATTENDED BY A PHYSICIAN						4201	
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"/> 2	
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 <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 XXXXXX her alive on _____ Death occurred at APPROX. 3:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James P. Ames, M.D. Greene County Health Officer, Spfld, Mo				22b. ADDRESS		22c. DATE SIGNED 10-31-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT, 31, 58	23c. NAME OF CEMETERY OR CREMATORY GLENN CEMETERY		23d. LOCATION (City, town, or county) (State) SOUTH OF NIXA, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS HERMAN LOHMEYER, SPRINGFIELD, MO				25. DATE RECD. BY LOCAL REG. 10-31-58		26. REGISTRAR'S SIGNATURE Effie G. Mellon	

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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 *A. A. McCann*

Licensed Embalmer No. *2727*

P. O. Address *Springfield, 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.