

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043781

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1212A

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Nixa	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in 1b 8 hours	d. STREET ADDRESS (If outside, give location) no street address
3. NAME OF DECEASED (Type or print) First Middle Last IDA B. HAWKINS			4. DATE OF DEATH Month Day Year Dec. 13, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 5, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY - - -	9. AGE (In years last birthday) 77
11. BIRTHPLACE (City and state or country) Christian Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Bailey CHAPMAN		13b. MOTHER'S MAIDEN NAME Martha Cleghorn	14. NAME OF HUSBAND OR WIFE Efton Hawkins
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. 496-44-3810	17. INFORMANT Address Mrs. L. D. McCroskey, Nixa, 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) RUPTURE OF LEFT VENTRICLE			INTERVAL BETWEEN ONSET AND DEATH 2-3 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) INFARCTION OF MYOCARDIUM			
DUE TO (c) ARTEMOSCLEROTIC CORONARY THROMBOSIS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 12/13/58 to 12/13/58 and last saw ^{her} him alive on 12/13/58 Death occurred at 9:07 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Idem O. T. ... M.D.		22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 12/18/58
23a. BURIAL, CREMATION, REMOVAL Burial	23b. DATE 12/16/1958	23c. NAME OF CEMETERY OR CREMATORY Glenn Cemetery	23d. LOCATION (City, town, or county) (State) Nixa, Missouri
24. FUNERAL DIRECTOR Jean Harris		ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. 12-22-58
26. REGISTRAR'S SIGNATURE Offie S. Mellon			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Secretary, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *J. Sean Harris*

Licensed Embalmer No. *4390*
P. O. Address *Cleves, 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.