

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001329

STATE FILE NUMBER

JAN 28 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 272

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen. Hosp. #1</b>		Length of stay in lb <b>58 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>809 Independence</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Hawker</b> Last <b>Hawker</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>13</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>4/3/1882</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pac. R.R.</b>	11. BIRTHPLACE (City and state or country) <b>Fayette, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Simon Hawker</b>	13b. MOTHER'S MAIDEN NAME <b>Mandie (unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Isaline Cummings</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-12-8274</b>	17. INFORMANT Address <b>Jackson County Welfare Agency</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Multiple Fractures of Pelvis, Right Hip &amp; Legs.</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Auto-Accident (m.m.o.)</b>		
DUE TO (c) <b>Arteriosclerosis - Senility</b>		

20a. ACCIDENT <input checked="" 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.) <b>Auto-Accident</b>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20c. TIME OF INJURY Hour <b>7</b> Month <b>Nov</b> Day <b>9</b> Year <b>1959</b> a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, city, street, office bldg., etc.) <b>Highway</b>	20e. CITY, TOWN, OR LOCATION <b>Jackson</b>	COUNTY <b>Jackson</b>	STATE <b>Mo</b>
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21. I attended the deceased from _____ to _____ and last saw him alive on _____ <input checked="" type="checkbox"/> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Deputy Coroner</b>	22b. ADDRESS <b>1618 Lydia Ave</b>	22c. DATE SIGNED <b>1/14/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1/15/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>K.C. College Osteopathy</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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24. FUNERAL DIRECTOR <b>Badeau, Appleton &amp; Jones, K.C., Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>1-15-59</b>	26. REGISTRAR'S SIGNATURE <b>Irlva Minshall</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

L. M. Tillman

8611-118

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 *Conuelo Adelmy Ba*

Licensed Embalmer No. *4944*

P. O. Address *K. C., 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.