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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002109
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY: Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 418 Church St — Length of stay in 1b: 7 yrs	d. STREET ADDRESS (If outside, give location): 418 Church St — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Margaret Middle: Ellen Last: Hawkins

4. DATE OF DEATH: Month 1 Day 30 Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Oct 23, 1868

9. AGE (In years last birthday): 90 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): LaClede, Ill.

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Geo. Tate

13b. MOTHER'S MAIDEN NAME: Emma Rogers

14. NAME OF HUSBAND OR WIFE: Edward Hawkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Edward Hawkins Address: Hannibal, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Terminal Bronchopneumonia	4 days
DUE TO (b)	Arteriosclerotic Nephritis	1 year
DUE TO (c)	Cerebral Arteriosclerosis	10 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 446X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 9-16-55, to 1-30-59 and last saw her/him alive on 1-30-59

Death occurred at 10:00P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H L Greene (Degree or title) M.D.

22b. ADDRESS: 100 N. Sixth, Hannibal, Mo.

22c. DATE SIGNED: 1-31-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-2-1959

23c. NAME OF CEMETERY OR CREMATORY: Greenmont Cemetery

23d. LOCATION (City, town, or county) (State): Quincy, Ill.

24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home-Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.: 2-2-1959

26. REGISTRAR'S SIGNATURE: Dr. E M Tucker by H. C. Fisher

(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.

RECEIVED FEB 3 1959
MARION CO. HEALTH DEPT.
DATE FILED FEB 3 1959.

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 .....

Licensed Embalmer No. 4217
P. O. Address Hannibal, 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.