

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009211
STATE FILE NUMBER

FILED APR 1 1959 Registration District No. 382 Primary Registration District No. 4230 Registrar's No. 6

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| 1. PLACE OF DEATH a. COUNTY Howard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Armstrong | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Armstrong 6450 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pierce Rest Home | | Length of stay in 1b 12 days | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First James Middle Lesley Last Hawkinson | | | 4. DATE OF DEATH Month March Day 25 Year 1959 | | |
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| 5. SEX male | 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 December 25, 1865 | 9. AGE (In years last birthday) 93 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired druggist | 10b. KIND OF BUSINESS OR INDUSTRY Drug | 11. BIRTHPLACE (City and state or country) Howard County, Missouri | 12. CITIZEN OF WHAT COUNTRY? United States |
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| 13a. FATHER'S NAME Lewis Willard Hawkinson | 13b. MOTHER'S MAIDEN NAME Mary Francis Green | 14. NAME OF HUSBAND OR WIFE Bettie Kring Wicks |
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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) no none | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Mrs. E.W. Mott: Armstrong, Missouri | Address |
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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) Acute coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 5 min/15 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ | | |
| DUE TO (c) _____ | | |
| 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"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour _____ 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 Roanoke, Missouri |
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| 21. I attended the deceased from Death occurred at Dec 1 11:45 a to March 25 1959 and last saw him alive on March 23 1959 on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Francis W. DeWitt MD | (Degree or title) | 22b. ADDRESS Sayette, Mo | 22c. DATE SIGNED 3-27-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE March 27, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Roanoke Cemetery | 23d. LOCATION (City, town, or county) Roanoke, Missouri |
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| 24. FUNERAL DIRECTOR Tom B Patton | ADDRESS Huntville Mo | 25. DATE RECD. BY LOCAL REG. Mar. 28, 1959 | 26. REGISTRAR'S SIGNATURE Walker Audely |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Tom B. Patton*

Licensed Embalmer No. *3914*
P. O. Address *Huntsville*

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.