

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017137

FILED JUN 4 1959

Registration District No. 77 Primary Registration District No. 3016

STATE FILE NUMBER Registrar's No. 159

300
-57

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>800 Lafayette</u>		d. STREET ADDRESS <u>800 Lafayette</u>	
Length of stay in lb <u>26 yr.</u>		Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) <u>MATTIE LOUISE HAWKINS</u>			4. DATE OF DEATH <u>May 22 - 1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>3 Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 1 - 1893</u>	9. AGE (In years last birthday) <u>65 yr.</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Fayette, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Isom Burris</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Harry V. Hawkins</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Harry V. Hawkins</u>	Address <u>800 Lafayette Jefferson City, Mo.</u>
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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) <u>Coronary atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension</u>	
	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. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 <u>4201</u>	COUNTY	STATE
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21. I attended the deceased from <u>1/10/56</u> to <u>5/22/59</u> and last saw her alive on <u>5/22/59</u> Death occurred at <u>5 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>W. Canagawa MD</u>	22b. ADDRESS <u>5-15-E High M</u>	22c. DATE SIGNED <u>6/25/59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 26, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sedalia Crown Hill Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
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24. FUNERAL DIRECTOR <u>Mrs. Stuart Parker, Columbia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>25 May 1959</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MD. MR.</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

Georgette Green

Licensed Embalmer No. *4220*

P. O. Address *Marshall*

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.