URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-028895

STATE FILE NUMBER

FILED VS AUG 24 1959

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 103

NDED

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains — Length of stay in 1b hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell
c. CITY OR TOWN West Plains — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Ga. Rte — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Wm Oscar Hawkins

4. DATE OF DEATH Month Day Year: 7-28-59

5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-7-92
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months 0 Days 21 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and state or country): Moody Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: N.B. Hawkins
13b. MOTHER'S MAIDEN NAME: Lucinda C. Kominer
14. NAME OF HUSBAND OR WIFE: Lydia Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT: Mrs W O Hawkins, Address West Plains 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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 11 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Dis.
DUE TO (c):

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 12-10-53, to 7-28-59 and last saw him alive on 7-28-59
Death occurred at 10:55 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack N. Wiles M.D.
22b. ADDRESS: West Plains, Mo.
22c. DATE SIGNED: 8-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Pvt
23b. DATE: 7-30-59
23c. NAME OF CEMETERY OR CREMATORY: Moody
23d. LOCATION (City, town, or county) (State): Moody Mo

24. FUNERAL DIRECTOR ADDRESS: Roberts West Plains, Mo
25. DATE RECD. BY LOCAL REG.: 8-19-1959
26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3 4 3

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.