

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029821

FILED VS SEP 3 1959

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 33-59 STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First Middle Last <u>Samuel Perry Hawken</u>			4. DATE OF DEATH Month Day Year <u>Aug- 24 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</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>Jan-1870 89</u>	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gov-Farming</u>	11. BIRTHPLACE (City and state or country) <u>Miller-Co-Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	Months	Days
13a. FATHER'S NAME <u>John-Hawken</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA-HAYES</u>		14. NAME OF HUSBAND OR WIFE <u>America-Starks</u>		

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>NELL-VERNON-</u>	Address <u>KANSAS-City-KANS</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:		INTERVAL BETWEEN ONSET AND DEATH <u>1 month.</u>
IMMEDIATE CAUSE (a) <u>Uremia</u>		<u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardio renal Vascular Disease</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u>NONE</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>NONE</u>	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.) <u>NONE</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>NONE</u>

21. I attended the deceased from July 19 40 to Aug 19 59 and last saw her/him alive on 8-24-59
Death occurred at 2:32 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>M. E. Kallenbach</u>		22b. ADDRESS <u>DO Tuscumbia-Mo</u>	22c. DATE SIGNED <u>26 Aug-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL-</u>	23b. DATE <u>26 Aug-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Tuscumbia-</u>	23d. LOCATION (City, town, or county) (State) <u>Tuscumbia - Mo</u>
24. FUNERAL DIRECTOR <u>Keith M. Kays</u>		25. DATE RECD. BY LOCAL REG. <u>August 25, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>

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 _____
Signature of Student Embalmer

Signed Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

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