

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029897

FILED VS SEP 14 1959 51

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in lb 11 mo.	c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 321 West 7th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LAURA Middle B. Last HAWKINS			4. DATE OF DEATH Month 9 Day 8 Year 59			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/6/78	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher - retired		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (City and state or country) Maryville, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME W. H. Hawkins		13b. MOTHER'S MAIDEN NAME Sophonie Jackson		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Miss Josephine Sherman, Bernard, 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) Myocarditis DUE TO (b) Cerebrovascular Hemorrhage DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 3 days 11 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) Comatose 11 months					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)				
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		COUNTY		STATE
21. I attended the deceased from 10-7-58 to 9/8/59 and last saw her alive on 9-8-59 Death occurred at 12:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE R. D. Sunshel (Degree or title) M. D.			22b. ADDRESS Maryville, Mo.		22c. DATE SIGNED 9-9-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/10/59	23c. NAME OF CEMETERY OR CREMATORY Oak Hill	23d. LOCATION (City, town, or county) (State) Maryville, Missouri			
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 9-9-59	26. REGISTRAR'S SIGNATURE Bess Bolt			

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 Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville

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.