OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 1959

59–039384
STATE FILE NUMBER

MENDED

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 203

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NASHUA — Length of stay in 1b: 4 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Havenwood Addn — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY CLAY
c. CITY OR TOWN NASHUA — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) RT 1 Liberty — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Charles Middle A Last HAWKER
4. DATE OF DEATH: Month Nov. Day 23 Year 1959
5. SEX: MALE
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-1-1882
9. AGE (last birthday): 77
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): Retired Recreation Rep.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Bristol England
12. CITIZEN OF WHAT COUNTRY: CANADA
13a. FATHER'S NAME: Agusta S Hawker
13b. MOTHER'S MAIDEN NAME: MARY Bishop
14. NAME OF HUSBAND OR WIFE: Judith Ann Hawker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Charles S. Hawker — Address: RT1 Liberty Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary occlusion
DUE TO (c) Arteriosclerotic heart disease
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. ☐ 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 11-23-59, to 11-23-59 and last saw her/him alive on 11-23-59
Death occurred at 11:02 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul C Reeves Jr (Degree or title)
22b. ADDRESS Smithville Mo
22c. DATE SIGNED 11-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/25/59
23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem
23d. LOCATION (City, town, or county) Kansas City (State) Mo

24. FUNERAL DIRECTOR D. W. Neuroneis — ADDRESS North K.C. Mo.
25. DATE RECD. BY LOCAL REG. 11-24-59
26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John V. Henrich Jr.

Licensed Embalmer No. 4848

P. O. Address 5-6-17 Mo

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