

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-041114

FILED VS NOV 16 1959

Registration District No. 201 Primary Registration District No. 2018 STATE FILE NUMBER  
Registrar's No. 287

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>Maryville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Near Sheridan</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>		Length of stay in 1b <b>4 days</b>	d. STREET ADDRESS <b>4 mi. west of Sheridan</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Ernest</b> Last <b>Hawbeck</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>28,</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 23, 1902</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home-Farm</b>	11. BIRTHPLACE (City and state or country) <b>Nodaway County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Charles Hawbeck</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Copple</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Hawbeck</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-42-4692</b>	17. INFORMANT Address <b>Mrs. Bertha Hawbeck - Sheridan, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary embolism</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 Minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					
DUE TO (c) <b>Nephrectomy for tumor of kidney</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>10-20-59</b> to <b>10-29</b> and last saw <sup>her</sup> him alive on <b>10-28</b> Death occurred at <b>9</b> <sup>p</sup> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>H C Bannan</b>		(Degree or title) <b>MD</b>		22b. ADDRESS <b>1218. Main Maryville</b>	
22c. DATE SIGNED <b>11-7-59</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 31, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Luteston Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Nodaway County, Missouri</b>		(State)			
24. FUNERAL DIRECTOR <b>Bill Dwyer</b>		ADDRESS <b>Grand City</b>		25. DATE RECD. BY LOCAL REG. <b>11-7-59</b>	
26. REGISTRAR'S SIGNATURE <b>Bess Bolt</b>					

securing the medical certification in the specific manner required by VS. 140 MORS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part II must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

22-9-0

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 *Bill A. Dunfee* .....

Licensed Embalmer No. *4908* .....

P. O. Address *Grant City* .....

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.