

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004975

FILED VS MAR 15 1960

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 149 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>		Length of stay in lb <u>48hrs</u>	c. CITY OR TOWN <u>Quitman</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Com. Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Okal</u> Middle <u>Emanuel</u> Last <u>Hawk</u>			4. DATE OF DEATH Month <u>March</u> Day <u>7</u> Year <u>1960</u>			
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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>6-22-1907</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>A, chison Co. Mo., US</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>
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13a. FATHER'S NAME <u>Emanuel Hawk</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Bradley</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Hawk</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Margaret Hawk, Quitman, Mo.</u>	Address _____
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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: IMMEDIATE CAUSE (a) <u>Crushing injuries to the chest and traumatic amputation of left leg, and multiple general body trauma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
DUE TO (b) <u>traumatic amputation of left leg,</u>		
DUE TO (c) <u>and multiple general body trauma</u>		
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Caught in tractor power take off</u>
20c. TIME OF INJURY Hour <u>2:00</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Month, Day, Year <u>3/5/60</u>		

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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>farm</u>	20f. CITY, TOWN, OR LOCATION <u>Quitman</u> COUNTY <u>Nodaway</u> STATE <u>Mo.</u>
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21. I attended the deceased from 3/5/60 to 3/7/60 and last saw him alive on 3/7/60
Death occurred at 3:10 a m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>Quincy Mo</u>	22c. DATE SIGNED <u>3/8/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-9-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>	23d. LOCATION (City, town, or county) <u>Rock Port, Mo.</u> (State)
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24. FUNERAL DIRECTOR <u>Bartholomew Mortuary, Rock Port, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar 8, 1960</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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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

Leatz Barchelmann

Licensed Embalmer No. 3173

P. O. Address Rock Point

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.