

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

=60-022308

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 381

NOED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Length of stay in 1b 48 days		c. CITY OR TOWN Bogard		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis fichel State				d. STREET ADDRESS (If outside, give location) RFD 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First /Clarence Middle Beaver Last Hawkins			4. DATE OF DEATH Month July Day 3 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-16-92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Carrollton, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Mike Hawkins			13b. MOTHER'S MAIDEN NAME Ella Beaver Hawkins		14. NAME OF HUSBAND OR WIFE Bessie Hawkins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. ----		17. INFORMANT Hospital Files			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Papillary carcinoma @ Kidney						INTERVAL BETWEEN ONSET AND DEATH 7 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Thrombosis					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 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 7/1/60 to 7/3/60 and last saw him alive on 7/3/60 Death occurred at 2:30 PM 7/3/60 on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J.R. Shield M.D. (Degree or title)				22b. ADDRESS Ellis Fichel Hosp.		22c. DATE SIGNED 7/3/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 7/3/60		23c. NAME OF CEMETERY OR CREMATORY Bogard Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR PARKER FUNERAL SERVICE		ADDRESS COLUMBIA MISSOURI		25. DATE RECD. BY LOCAL REG. July 3 1960		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J.P.S.

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 J.W. Phillips
Licensed Embalmer No. 4897

P. O. Address Columbia N

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.