

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022930

STATE FILE NUMBER

FILED VS JUL 5 1960

128

Primary Registration District No.

Registrar's No.

706

ENDED

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Walnut Grove</u>		Length of stay in 1b <u>Lifetime</u>	c. CITY OR TOWN <u>Walnut Grove</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR3 3 miles N.E. of W.G. Mo.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 miles N.E. of W.G.</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER SAMUEL HAWK</u>			4. DATE OF DEATH Month Day Year <u>JUNE 25 - 1960</u>			
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>DEC 12 - 1887</u>	9. AGE (last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER - RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>	11. BIRTHPLACE (City and state or country) <u>WALNUT GROVE - MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAMUEL HAWK</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA JANE COOK</u>		14. NAME OF HUSBAND OR WIFE <u>AVRLING HAWK</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>441-42-9405</u>	17. INFORMANT <u>AVRLING HAWK - RR3 WALNUT GROVE - MO.</u>			
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>CAROTID HEMORRHAGE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROSIS</u>					3 YRS	
DUE TO (c)						
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 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 checked="" 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 <u>6-24-1960</u> to <u>6-25-1960</u> and last saw her/him alive on <u>6-24-60</u> Death occurred at <u>9:30p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>W-R Davis D.O.</u> (Degree or title)			22b. ADDRESS <u>WALNUT GROVE MO</u>		22c. DATE SIGNED <u>6/28/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-28-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Walnut Grove - Mo.</u>		
24. FUNERAL DIRECTOR <u>Brim - David - Walnut Grove - Mo.</u>		ADDRESS <u>6-29-60</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Effie S. Metten</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Ray L. Smeal*

Licensed Embalmer No. \_\_\_\_\_

4702

P. O. Address \_\_\_\_\_

*Apex Grove*

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