

IRI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034792

FILED VS SEP 20 1960 49

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 4421

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 10yrs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 420 E. 27th Terr.		d. STREET ADDRESS (If outside, give location) 420 E. 27th St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Oliver Perry Hawks	4. DATE OF DEATH Month Day Year Aug. 27 1960
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-8-60	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Union Pacific	11. BIRTHPLACE (City and state or country) Hiawatha, Kansas	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME Franklin Soloman Hawks	13b. MOTHER'S MAIDEN NAME Armond Morrow	14. NAME OF HUSBAND OR WIFE Alice Hawks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Alice Hawks 420 E. 27th St
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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) Pulmonary Edema + Hypostatic Pneumonia 1 day		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Congestive Failure	3 days
	DUE TO (c) Arteriosclerotic Heart disease	15 yrs
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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from Aug 1, 1960 to Aug 27, 1960 and last saw her alive on Aug 27, 1960 Death occurred at Aug 2, 1960 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Richard E. Spence DL	22b. ADDRESS 2628 Troost KC. Mo	22c. DATE SIGNED Sept 7, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-23-60	23c. NAME OF CEMETERY OR CREMATORY Hiawatha	23d. LOCATION (City, town, or county) (State) Hiawatha, Kansas
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24. FUNERAL DIRECTOR Gibson & Son	ADDRESS Kansas City Kansas	25. DATE RECD. BY LOCAL REG. 8-29-60	26. REGISTRAR'S SIGNATURE H-L-Dwyer
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DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
Richard E. Spence

1874

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**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 Phil C. Felton

Licensed Embalmer No. 3135

P. O. Address Kansas City

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.

Handwritten notes at the bottom of the page.