

RD DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042048

FILED 13 NOV 17 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5333 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI 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 20 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, K.C., MO.		d. STREET ADDRESS (If outside, give location) 2419 OLIVE	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) GEORGE HAWKINS			4. DATE OF DEATH Month OCTOBER Day 22 Year 1960		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-12-94	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SALINA, KANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME THOMAS HAWKINS		13b. MOTHER'S MAIDEN NAME LUCY TRAVIS		14. NAME OF HUSBAND OR WIFE KATHERINE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. —		17. INFORMANT KATHERINE HAWKINS, WIFE, 2419 OLIVE, KCMO VA HOSPITAL OFFICIAL RECORDS K.C. MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALNUTRITION		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	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) STRUCTURE OF CERVICAL ESOPHAGEAL - GASTRIC ANASTAMOSIS			
DUE TO (c) RECURRENT CARCINOMA OF ESOPHAGUS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 10:15 a.m. P. Month, Day, Year June 23, 1960	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 June 23, 1960 to October 22, 1960 and last saw him/her on 10/22/60
Death occurred at 10:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>T. J. Fritzlen</i> T. J. FRITZLEN, M. D.	22b. ADDRESS VA HOSPITAL KANSAS CITY, Mo.	22c. DATE SIGNED 10-22-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-27-60	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY FT LEAVENWORTH, KAN	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR MRS. MEEKS MORTUARY KCMO	25. DATE RECD. BY LOCAL REG. 10-24-60	26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>
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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B. Paster

Licensed Embalmer No. 501

P. O. Address K C

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