SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012801
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 26

FILED MAY 1 1961

1. PLACE OF DEATH
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. | Length of stay in 1b

c. CITY OR TOWN Poplar Bluff, Mo. | Inside Limits Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hosp. | Inside Limits Yes X No ☐

d. STREET ADDRESS (If outside, give location) 734 Price St. | Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Ethel Middle Louise Last Hawk

4. DATE OF DEATH Month April Day 17 Year 1961

5. SEX Femal e | 6. COLOR OR RACE White | 7. Married X Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH Oct.5,1909 | 9. AGE (last birthday) 51 | IF UNDER 1 YEAR Months 6 Days 12 | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Waverly, Tenn. | 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Cleveland Guthrie | 13b. MOTHER'S MAIDEN NAME Iva Powers | 14. NAME OF HUSBAND OR WIFE Orval Hawk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service)

17. INFORMANT Address Orval Hawk, Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of the pancreas with metastasis | INTERVAL BETWEEN ONSET AND DEATH Unknown

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Dec. 1960, to Death and last saw her alive on 4/17/61
Death occurred at 9:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. T. Hansbrough, M. D.

22b. ADDRESS 623 Pine Blvd., Poplar Bluff, Mo.

22c. DATE SIGNED 4/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4-17-61 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens | 23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo. | 25. DATE RECD. BY LOCAL REG. 4-28-1961 | 26. REGISTRAR'S SIGNATURE Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

MAY 19 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.