MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-028830
STATE FILE NUMBER

AMENDED

Registration District No. 113 Primary Registration District No. 5430 Registrar's No. 88

FILED AUG 28 1961

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Central Township
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: U.S. Hiway #66
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Eureka
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 1, Box 213
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Owen Middle: C. Last: Hawkins
4. DATE OF DEATH: Month Aug. Day 13 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/8/1917
9. AGE (last birthday): 44
IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Odd Jobs
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Hawkins
13b. MOTHER'S MAIDEN NAME: Selma Rohlfing
14. NAME OF HUSBAND OR WIFE: Pauline Hawkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Pauline Hawkins Address: Eureka, 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) Multiple injuries including
DUE TO (b) Avulsion of calvarium and
DUE TO (c) brain and amputation L. leg
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: instant
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.) Deceased was struck by auto
20c. TIME OF INJURY Hour 10:30 p.m. Month, Day, Year 8/13/61 while he was crossing highway #66
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.) U.S. Hy. 66 mile West
20f. CITY, TOWN, OR LOCATION: St. Clair COUNTY: Franklin STATE: Mo.

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): [illegible] M.D. Coroner
22b. ADDRESS: Union Mo.
22c. DATE SIGNED: 8/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/16/61
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hills Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.
24. FUNERAL DIRECTOR: Ortmann F. H. ADDRESS: Overland, Mo.
25. DATE RECD. BY LOCAL REG.: 8-16-61
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2.			

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

NOT EMBALMED

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 K. M. Lenox, Jr.

Licensed Embalmer No. 5090

P. O. Address St. Clair, M

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.