

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044751

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 14.9 Primary Registration District No. 1002 Registrar's No. 6496 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. B. KBT

FILED JAN 15 1962

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 2 MONTHS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Four Pines Nursing Home 3713 HARDY Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY OR TOWN Lees Summit Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) RT # 2, Lees Summit Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First MARGARET Middle HAWKINS Last
 4. DATE OF DEATH Month December Day 25 Year 1961

5. SEX Female 6. COLOR OR RACE Cauc. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH APRIL 5, 1875 9. AGE (last birthday) 86
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

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

13a. FATHER'S NAME Nicholas Esslinger 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE Francis P. Hawkins

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 ROBERTS J. Hawkins Address 5230 Raytown Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) John Pneumonia INTERVAL BETWEEN ONSET AND DEATH 24 hours
 DUE TO (b) CVA. 6 months
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 12-24-61 to 12-27-61 and last saw her/him alive on 12-24-61
 Death occurred at 1 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. Baker (Degree or title) msd 22b. ADDRESS 9306 E 40th Indpls Mo 22c. DATE SIGNED 12-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 28, 1961 23c. NAME OF CEMETERY OR CREMATORY CALVARY Crematory 23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 TROOST 25. DATE RECD. BY LOCAL REG. 12-27-61 26. REGISTRAR'S SIGNATURE Ruth Long

Dr. Phillip Baker
9306 A. E. New 40 Highway
FL 6-2000

2:05 - 5:00 P.M.

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 W. D. Nelson

Licensed Embalmer No. 4421

P. O. Address K.C. Mo.

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.