MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 316 STATE FILE NUMBER 0003077

FEFILED 02 65

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bonne Terre Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: St. Francois
c. CITY OR TOWN: Farmington — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Rt.# 3 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ressie — Middle Elroy — Last Hawn
4. DATE OF DEATH: Month Jan. — Day 27 — Year 1965
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/24/80
9. AGE (last birthday): 85 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (City and state or country): Chestnut Ridge, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jefferson Hawn
13b. MOTHER'S MAIDEN NAME: Saphronia Zolman
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
17. INFORMANT: Mrs. Buel Gordon — Address: Farmington, 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): Arteriosclerotic Heart Dis. — INTERVAL BETWEEN ONSET AND DEATH: yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Senility
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia + Duodenal Ulcer
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 September 1963, to January 27, 1965 and last saw ~~her~~ him alive on January 27, 1965
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. A. Huckstep MD
22b. ADDRESS: 301 West Liberty, Farmington, Mo
22c. DATE SIGNED: Jan. 28, 1965

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 30, 1965
23c. NAME OF CEMETERY OR CREMATORY: Chestnut Ridge No
23d. LOCATION (City, town, or county) (State): Near Farmingtom, Mo.

24. FUNERAL DIRECTOR: C.H. Cozean — ADDRESS: Farmington, Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 28, 1965
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 C. A. Bozeman

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.