

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21394**

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5513** Registrar's No. **156**

0420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Clinton	c. LENGTH OF STAY (in this place) 3 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leesville Township		d. STREET ADDRESS (If rural, give location) 0930	

3. NAME OF DECEASED (Type or Print) a. (First) Arch b. (Middle) A. c. (Last) Hawthorn			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct, 15, 1867		9. AGE (In years last birthday) 85 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 10 yrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert A. Hawthorn		13b. MOTHER'S MAIDEN NAME Emily Dillon		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		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Archie Redinger, Clinton Missouri ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis</p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) acute parotitis L. side</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death. Enlarged prostate & cystitis</p>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
		19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____
		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **6-1**, 19**53**, to **7-3**, 19**53**, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. B. Walker M.D.		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 7-8-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-9-53	24c. NAME OF CEMETERY OR CREMATORY Tebo		24d. LOCATION (City, town, or county) (State) Clinton Missouri.	

DATE REC'D BY LOCAL REG. July-9-53	REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE Robert J. ... ADDRESS _____		
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(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
Student Embalmer

Signed J. B. Bradish

Licensed Embalmer No. 3038

P. O. Address Greenville

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 this body is not embalmed, fact should be so stated above.