

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 2000 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Castle 1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home #1		d. STREET ADDRESS (If rural, give location) No street address	
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) R.	
c. (Last) Hawn		4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14, 1858
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
IF UNDER 1 YEAR Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? US A		13a. FATHER'S NAME John Wesley Hawn	
13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE May Smith Hawn	
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 Mrs. May Smith Hawn, Green Castle, Mo		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure ANTECEDENT CAUSES DUE TO (b) Heart Block DUE TO (c) Arteriosclerotic hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 1 week 5 yrs 447X		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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?	
22. I hereby certify that I attended the deceased from Jan 10, 1951, to Jan 12, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 6:00 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Vincent J. Strangis		23b. ADDRESS Kirksville, Mo D.O. Community Nursing Home	
23c. DATE SIGNED Jan 12, 1951		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE JAN. 14, 1951		24c. NAME OF CEMETERY OR CREMATORY Green Mound Cemetery	
24d. LOCATION (City, town, or county) (State) Henry County, Iowa		25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kent & Son, Green City, Mo.	
25. ADDRESS		DATE REC'D BY LOCAL REG. 1-12-56	
REGISTRAR'S SIGNATURE Kate Lambert			

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

00124

JAN 15 1951

Date Received:

DISTRICT HEALTH OFFICE #2

District File Number 1-51-92

Date Filed: JAN 21 1951

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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 Archibald Wade

Licensed Embalmer No. 3037

P. O. Address Greensboro, N.C.

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.