

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38090

State File No. _____

DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 140

372

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Boonville)		c. CITY (If outside corporate limits, write RURAL and give township) Boonville <u>0272</u>	
c. LENGTH OF STAY (In this place) 1 Week		d. STREET ADDRESS (If rural, give location) 1136 Seventh St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Stella	b. (Middle) Hawkins	c. (Last) Alpers.	4. DATE OF DEATH (Month) (Day) (Year) December 11 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 13th 1930	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 22	IF UNDER 2 WKS. Days 22	Hours 22	Min. 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Ladies Ready to Wear	11. BIRTHPLACE (State or foreign country) Boonville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John Hawkins	13b. MOTHER'S MAIDEN NAME Mary Grissum	14. NAME OF HUSBAND OR WIFE Herbert Alpers.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If you give war or dates of service) 491-28-9282	17. INFORMANT'S SIGNATURE OR NAME Herbert Hawkins, Boonville, Mo.	ADDRESS Boonville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain hemorrhage		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto accident Did not regain consciousness after accident occurred. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had about 20 lacerations on face + neck but no skull fracture		7 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 027	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway near Boonville	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boonville Cooper Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 9 9 52 1952	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? husband driving car north to take dinner to corner collision with a truck + hit a pole.
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22. I hereby certify that I attended the deceased from **Dec 9**, 1952, to **Dec 11**, 1952, that I last saw the deceased alive on **Dec 11**, 1952, and that death occurred at **10⁰⁰ A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W.E. Stone (Degree or title) M.D.	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 12-12-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE December 15 1952	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville, Missouri.
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DATE REC'D BY LOCAL REG. 12-12-52	REGISTRAR'S SIGNATURE Hooper 381	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.	ADDRESS Boonville, Mo.
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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 G. J. Keller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above: