

Dr. Hampton
FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29568

State File No.

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6171 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Casto Township</u>		c. CITY OR TOWN <u>Summersville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>3 mi N. E Smrville, Mo.</u> <u>1010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi NE Smrville, Mo.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Alfred</u>	b. (Middle) <u>Boone</u>	c. (Last) <u>Hawkins</u>	<u>August 23, 1956</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 12, 1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Bois de Arc, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>Zachariah Hawkins</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Wayne Hawkins</u>	ADDRESS <u>900 E Linwood Shg, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) <u>Chronic Valvular heart disease</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1955, to Apr 16, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Rader Hampton Do</u>	(Degree or title)	23b. ADDRESS <u>Summersville</u>	23c. DATE SIGNED <u>Aug 28</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8--25-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Summersville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept 4-56</u>	REGISTRAR'S SIGNATURE <u>Mabel Green</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dumcom Funeral Home Mtn. View, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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received from [unclear]
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 *[unclear]*....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joel R. Duncan*.....

Licensed Embalmer No. *432*.....

P. O. Address *Mt. View*.....

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.