

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0039912
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 6119 Registrar's No. 323

FILED OCT 6 1966
Shannon

VS 300
Rev. 4/59

1 1010

2 8340

3

4 1

5 1

6

7 1

8 2

9 X

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11 101

12 91-2

13 1-0

DATE AMENDED				
INSTEAD OF				
SHOULD READ				
ITEM NO.				

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Shannon</u>		c. CITY OR TOWN <u>Albany</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Alley Spg St. Park</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Betty</u> Middle <u>Lea</u> Last <u>Hawkins</u>		4. DATE OF DEATH Month <u>September</u> Day <u>10</u> Year <u>1966</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/13/28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Platform, Ohio</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Emmett Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Berla A. Hawkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT Address <u>Berla A. Hawkins Rt. 2 Albany, Ohio</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock - Car accident - Sudden</u> DUE TO (b) <u>Fractured Cervical Vertebra</u> DUE TO (c) <u>(Broken Neck)</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Car accident</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car accident</u>	
20c. TIME OF INJURY <u>9 - 9:30 a.m.</u> Month, Day, Year <u>Sept 10, 1966</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Coroner's Request</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. CITY, TOWN, OR LOCATION <u>Highway 106 SHANNON MO</u>		20f. COUNTY STATE
21. I attended the deceased from <u>death on arrival</u> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr Lawrence Hampton DO Summersville Mo</u>		22b. ADDRESS <u>Summersville Mo</u>	
22c. DATE SIGNED <u>9/26/66</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9/12/66</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Albany, Ohio</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS <u>Duncan Funeral Home Mtn. View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 5 - 1966</u>	26. REGISTRAR'S SIGNATURE <u>Miss G...</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 19 1966

10/19/66

Removal Permit allowed

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 Joe R. Luman

Licensed Embalmer No. 4325

P. O. Address Gt. View, N.Y.

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.