

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15663

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5527 Registrar's No. 10

| | | | | | |
|--|--|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Hickory</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkton</u> | | c. LENGTH OF STAY (In this place) <u>2 years</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkton (Tyler Township)</u> | | d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi East of Elkton</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Watkins</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April - 11 - 1949</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MAY 11 - 1897</u> | 9. AGE (In years last birthday) <u>51</u> | 10. UNDER 1 YEAR <u>11</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Cleveland, Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Thomas Watkins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jenny (unknown)</u> | | 14. NAME OF HUSBAND OR WIFE <u>SARA WATKINS</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u> | | 16. SOCIAL SECURITY NO. <u>272-10-3330</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Sara Watkins</u> | | |
| 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 | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of Heart</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>80 minutes</u> | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hardening of Arteries</u> | | | | | |
| DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>42 01</u> | | |
| 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) (Minute) | | 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 <u>April 11, 1949</u> , to <u>April 11, 1949</u> , that I last saw the deceased alive on <u>April 11, 1949</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. E. Burip, D.O.</u> | | | 23b. ADDRESS <u>WHEATLAND, MO</u> | | 23c. DATE SIGNED <u>April 12, 1949</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>April 12 - 49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Elger Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Cleveland, Ohio</u> | | |
| DATE REC'D BY LOCAL REG. <u>April 12 - 1949</u> | | REGISTRAR'S SIGNATURE <u>U. P. Hargiss</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>121</u> | ADDRESS <u>Libert Highway, Wheatland, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 19 1949

RECEIVED
District Health Officer M
District File Number 4-47
Date Filed 5-17

NOV 21 1949

NOV 7 1950

NOV 20 1950

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, W.V.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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