

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2219

2219

BIRTH NO.		REG. DIST. NO. 294	PRIMARY REG. DIST. NO. 2056	State File No. 2219
1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RANDOLPH		
b. CITY OR TOWN CLARK		c. CITY OR TOWN CLARK - Mo. 64703		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) BIRDIE b. (Middle) MAE c. (Last) WATKINS			4. DATE OF DEATH (Month) (Day) (Year) JAN. 24-1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct. 9-1882	9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwp.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) WENTZVILLE - Mo.	
13a. FATHER'S NAME William Shotton		13b. MOTHER'S MAIDEN NAME Nannie McClure		14. NAME OF HUSBAND OR WIFE Walter H. Watkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Roberts - Sturgeon Mo.
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) - Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 5 hrs 4201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. 1940 to Jan 1951, that I last saw the deceased alive on Jan. 1951, and that death occurred at 1:30 a.m. from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W. M. Thomas M.D.		23b. ADDRESS Sturgeon Mo.		23c. DATE SIGNED Jan 26-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 26-1951		24c. NAME OF CEMETERY OR CREMATORY Chapel Grove
24d. LOCATION (City, town, or county) Clark - Mo		24e. (State)		
DATE REC'D BY LOCAL REG. Feb 26-51		REGISTRAR'S SIGNATURE Seal		25. FUNERAL DIRECTOR'S SIGNATURE James & Boothe Sturgeon Mo.

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

Date Received: JAN 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-24
Date Filed: FEB 5 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....
A. E. Boothe

Licensed Embalmer No. 4087

P. O. Address Sturgeon 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.