

FILED JAN 9 1952

# STANDARD CERTIFICATE OF DEATH

State File No. 40903

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Gir.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Randol</u>	
c. LENGTH OF STAY (in this place) <u>2 hrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>714 Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>Cape Gir. Route 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maud</u> b. (Middle) <u>Marie</u> c. (Last) <u>Watkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-51</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>7-14-92</u>		9. AGE (In years last birthday) <u>59</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	

13a. FATHER'S NAME <u>Jefferson McClain</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Shaner</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Watkins</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>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul McClard</u> ADDRESS <u>Cape Route 1</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Coronary Thrombosis</u>		ANTECEDENT CAUSES			
DUE TO (b) <u>Coronary Sclerosis</u>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		<u>Previous Hypertension</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)		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 12-28-1951, to 12-28-1951; that I last saw the deceased 12-28-1951, and that death occurred at 4:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Alberden Eates</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Cape Gir. Mo 714 Bd. Way</u>		23c. DATE SIGNED <u>12-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McClain Chapel</u>	
				24d. LOCATION (City, town, or county) (State) <u>Cape Gir. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>12-31-51</u>		REGISTRAR'S SIGNATURE <u>T. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McComb Funeral Home, Jackson</u> ADDRESS	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

MAY 20 1953

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

*Thos. K. Allen*

Licensed Embalmer No. 40555

P. O. Address Jackson

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.