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FILED JAN 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42635

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6034 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>RIPLEY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-HARRIS</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-HARRIS 09/10</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doniphan Mo. Rt. #1</u>			d. STREET ADDRESS (If rural, give location) <u>Doniphan Mo. Rt. #1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>GONDIE</u> b. (Middle) <u>VICTORIA</u> c. (Last) <u>WATKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1951</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-29-1907</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>	IF UNDER 10 HRS. Hours <u></u> Min. <u></u>
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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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Mo. D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>H. L. May</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Muschet</u>	14. NAME OF HUSBAND OR WIFE <u>Charles R. Watkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Watkins</u> ADDRESS <u>Doniphan, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>50 mts</u> <u>5 year</u> <u>10 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Diabetes</u>		
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 <u>260X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from July 22, 1954, to 12/22, 1951, that I last saw the deceased alive on 12/22, 1951, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Frank Johnson D.M.P.</u>	23b. ADDRESS <u>Doniphan Mo</u>	23c. DATE SIGNED <u>12/24/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-22-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley county, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-27-51</u>	REGISTRAR'S SIGNATURE <u>G. D. Johnston 217</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Black Edwards Funeral Home</u> ADDRESS <u>Doniphan Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

*George P. Kerby*

Licensed Embalmer No. *4752*

P. O. Address *Doriphan, N.*

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.