

No. 300
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THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5723
Registrar's No. 8

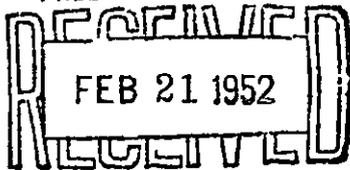
FILED FEB 23 1952

BIRTH NO. 124		REG. DIST. NO. 806		PRIMARY REG. DIST. NO. 4317		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY MADISON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MADISON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARQUAND		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARQUAND		0620	
d. FULL NAME OF HOSPITAL OR INSTITUTION.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) J		c. (Last) WATKINS		4. DATE OF DEATH (Month) (Day) (Year) Feb 7, 1952	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH April 15, 1865		9. AGE (In years last birthday) 86	10. MONTHS 9	11. DAYS 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Watkins		13b. MOTHER'S MAIDEN NAME Mary White		14. NAME OF HUSBAND OR WIFE DONA WATKINS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben Watkins Flat River, 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) Urine infection ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Urine retention DUE TO (c) Prostate and bladder tumor (?)				INTERVAL BETWEEN ONSET AND DEATH 6-8 months 6-8 months	
19a. DATE OF OPERATION None		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) None		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 6 Feb, 1952, to June, 19, that I last saw the deceased alive on 6 Feb, 1952 and that death occurred at 2:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Michael, M.D.				23b. ADDRESS 133 W Main St. Ludlow, Mo		23c. DATE SIGNED 2-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURNED		24b. DATE 2/11-52	24c. NAME OF CEMETERY OR CREMATORY MARQUAND		24d. LOCATION (City, town, or county) (State) MARQUAND, Mo.		
DATE REC'D BY LOCAL REG. 2-12-52		REGISTRAR'S SIGNATURE Lawrence Hicks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond Caldwell Flat River, Mo.			

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

MADISON DIST. F.F.

FREDERICKTOWN MO.



FILE No. 252-8

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.