

DEC 9 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 39582

51

BIRTH NO. 65764 REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 51

0720

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

1. PLACE OF DEATH a. COUNTY NEW MADRID			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY NEW MADRID		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Prairie) Twp. 16		c. LENGTH OF STAY (in this place) 2 MO	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PRAIRIE		0720
d. FULL NAME OF HOSPITAL OR INSTITUTION SIKESTON RFD #3			d. STREET ADDRESS (If rural, give location) SIKESTON RFD #3		
3. NAME OF DECEASED (Type or Print) a. (First) BRENDA		b. (Middle) JOYCE	c. (Last) WATKINS		4. DATE OF DEATH (Month) (Day) (Year) 11-20-52
5. SEX F	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 9-16-1952	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Month: 2 Days: 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St Louis MO		12. CITIZEN OF WHAT COUNTRY? U
13a. FATHER'S NAME THEODORE WATKINS		13b. MOTHER'S MAIDEN NAME EMMA JEAN GREEN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edgar L. Green - Sikeston Mo RFD #3			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death in home ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9160 10				INTERVAL BETWEEN ONSET AND DEATH
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) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NEW MADRID MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 11-20-52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? OTD			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edgar L. Green, Coroner			23b. ADDRESS New Madrid Mo RFD #3		23c. DATE SIGNED Nov-20-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-21-52	24c. NAME OF CEMETERY OR CREMATORY SUNSET	24d. LOCATION (City, town, or county) (State) SIKESTON MO		
DATE REC'D BY LOCAL REG. Dec 1 1952	REGISTRAR'S SIGNATURE Helen Louise Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welch Funeral Home - Sikeston Mo		

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 _____

Not Emb

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Raymond Cewer* _____

Licensed Embalmer No. *3467* _____

P. O. Address *Sikeston 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.