

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39584

State File No.

MED DEC 9 1952

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PRAMIDIA</u>		c. LENGTH OF STAY (in this place) <u>7 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SIXESTON RFD #3</u>			d. STREET ADDRESS (If rural, give location) <u>SIXESTON RFD #3</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THEADORA</u> b. (Middle) _____ c. (Last) <u>WATKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-20-1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAR 13 1950</u>		9. AGE (In years last birthday) <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>NEWPORT ARK</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>THEODORE WATKINS</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA JEAN GREEN</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edgar L Green - Sixeston Mo R #3</u>		
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) <u>Burned to death in Home</u>				INTERVAL BETWEEN ONSET AND DEATH _____
	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. <u>E9160 16</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) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEW MADRID MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>072</u>			
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 <u>3:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Edgar L Green Coroner</u>			23b. ADDRESS <u>New Madrid Mo</u>		23c. DATE SIGNED <u>Nov-20-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET</u>	24d. LOCATION (City, town, or county) (State) <u>SIXESTON MO</u>		
DATE REC'D BY LOCAL REG. <u>12-1-52</u>	REGISTRAR'S SIGNATURE <u>Helen Louise Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weld Funeral Home - Sixeston Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0720

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 Crews* _____

Licensed Embalmer No. *3467* _____

P. O. Address *Leicester 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.