

FILED MAR 3 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

45237

BIRTH NO.

REG. DIST. NO. 6005

PRIMARY REG. DIST. NO. 293

Registrar's No.

59294

1. PLACE OF DEATH

a. COUNTY

Ralls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Oakwood

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Ralls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Oakwood

0870

d. FULL NAME OF HOSPITAL OR INSTITUTION

3701 Market St

d. STREET ADDRESS

3701 Market St

3. NAME OF DECEASED (Type or Print)

a. (First)

Robert T.

b. (Middle)

R.

c. (Last)

Watkins

4. DATE OF DEATH

(Month)

(Day)

(Year)

Oct. 19, 1952

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 25, 1905

9. AGE (In years last birthday)

47

If under 1 year

Months

If under 1 year

Days

If under 1 year

Hours

If under 1 year

Min.

12. CITIZEN OF WHAT COUNTRY?

U

13a. FATHER'S NAME

J. B. Watkins

13b. MOTHER'S MAIDEN NAME

Eula Simson

14. NAME OF HUSBAND OR WIFE

Evelyn

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

Evelyn Watkins 3701 Market Oakwood 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

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.

MEDICAL CERTIFICATION

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1952, to Oct 19, 1952, that I last saw the deceased alive on Oct 19, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

made by

Grace Conn. 470

Michael J. O'Donnell Hannibal Mo

MAR 3 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.