

FILED JUN 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16998

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5067 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Barton 0060			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton 0060		
b. CITY (If outside corporate limits, write RURAL and give township) Town Rural, Central Twp		c. LENGTH OF STAY (In this place) 0	c. CITY (If outside corporate limits, write RURAL and give township) Rural, Central Twp. 0		d. STREET ADDRESS (If rural, give location) Route 1
3. NAME OF DECEASED (Type or Print) a. (First) Merle b. (Middle) A. c. (Last) Watkins			4. DATE OF DEATH (Month) (Day) (Year) May 24, 1953		
5. SEX Male C	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 25, 1920	9. AGE (In years last birthday) 32	10. UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Liberal, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Leroy Watkins		13b. MOTHER'S MAIDEN NAME Mattie May Davidson		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mattie Watkins, Liberal, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SKelch fracture				INTERVAL BETWEEN ONSET AND DEATH Sudden
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Driving Car into Concrete Bridge				
	DUE TO (c) Falling Asleep				
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 006 E8234			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 12 miles west on Hwy 110	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Lamar Barton Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 24 1953 3a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell asleep while driving his car hit Bridge			
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 3A m., from the causes and on the date stated above.					
23a. SIGNATURE Clarence W. Chiles			23b. ADDRESS Coroner 3 Lamar Mo	23c. DATE SIGNED May 25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-26-1953	24c. NAME OF CEMETERY OR CREMATORY Lantha Cemetery	24d. LOCATION (City, town, or county) (State) Lantha Mo.		
DATE REC'D BY LOCAL REG. MAY 26 1953	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home	ADDRESS Lamar, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

STATE OF
Iowa

JUN 2 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 Pharence H. Chile

Licensed Embalmer No. 3473

P. O. Address Jama, 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.