

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton	
c. LENGTH OF STAY (in this place) 6 m.		d. STREET ADDRESS (If rural, give location) 124 North Folger	
d. FULL NAME OF HOSPITAL OR INSTITUTION Atwood Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Mildred b. (Middle) M. c. (Last) Watkins			4. DATE OF DEATH (Month) (Day) (Year) 5-24-53
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 8 1866
9. AGE (In years last birthday) 86		10. MONTHS 8	11. YEAR 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Lexington Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Alfred L. Mc Corkle		13b. MOTHER'S MAIDEN NAME Mary Virginia Hutton	
14. NAME OF HUSBAND OR WIFE A.A. Watkins (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Sue Bungenstock (Carrollton Mo.)			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Generalized Atherosclerosis 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		332 X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <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 Nov , 19 52 , to May 24 , 19 53 , that I last saw the deceased alive on May 23 , 19 53 , and that death occurred at 6 A m., from the causes and on the date stated above.			
23a. SIGNATURE John H. Platt M.D.		23b. ADDRESS 303 N. Main St. Carrollton	
23c. DATE SIGNED 3/26/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-26-53	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Carrollton Mo.	
DATE REC'D BY LOCAL REG. 5/26/53		REGISTRAR'S SIGNATURE 45 Mrs. Herbert Culbert	
25. FUNERAL DIRECTOR'S SIGNATURE Marshall F. Home		ADDRESS (Carrollton Mo)	

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

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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 R. M. Marshall.....

Licensed Embalmer No. 2525.....

P. O. Address Carrollton 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.