

STANDARD CERTIFICATE OF DEATH

State File No. **42169**

FILED JAN 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1351

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph - Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Parkview Nursing Home</u> <u>1006 Dewey Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. #5</u>	

3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u> a. (First) b. (Middle) c. (Last) <u>WATKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Building Carpt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (State or foreign country) <u>St. Paul, Minn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>William W. Watkins</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kessler</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie (Deceased)</u>	
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. <u>497-12-3633</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William W. Watkins, St. Joseph, Mo.</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>Parkinsons disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 Yrs</u>
		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.			

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>550 X</u>	
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 2 Nov, 1953, to 26 Dec, 1953, that I last saw the deceased alive on 12-23, 1953, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clement C. Thompson</u> (Degree or title)		23b. ADDRESS <u>St. Joseph, Mo</u>		23c. DATE SIGNED <u>12-28-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Agency, Missouri Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Agency, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 31, 1953</u>		REGISTRAR'S SIGNATURE <u>Edwin M. Allison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>St. Joseph Funeral Home, St. Joseph, Mo</u>		ADDRESS	
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed Charles E. Bennett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.