

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8840**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal 4</u>		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal 3</u>		d. STREET ADDRESS (If rural, give location) <u>508 Sycamore St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long's Rest Home 331 N. 1st St.</u>		e. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Regulus</u> b. (Middle) _____ c. (Last) <u>Watkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-22-1955</u>	
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>10/4/1869</u>
9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Rochester, Ind., 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Dan Watkins</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Reynolds</u>	
14. NAME OF HUSBAND OR WIFE <u>Annie Watkins,</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Annie Watkins,</u>		ADDRESS <u>508 Sycamore</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>Severe Exhaustion</u> Hannibal, Mo. 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) <u>Chronic Nephritis</u> DUE TO (c) <u>✓</u>	
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 <u>592X</u>		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) _____	
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 <u>Apr 1952</u> , to <u>Mar 20, 1955</u> , that I last saw the deceased alive on <u>3-20-</u> , 19 <u>55</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.P. Birney</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>3-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/25/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New London, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/28/55</u>	REGISTRAR'S SIGNATURE <u>W.E. Luckeby</u>	189-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.M. O'Donnell</u> ADDRESS <u>Hannibal Mo</u>

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

APR 1 1955

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED APR 1 1955

[Faint handwritten notes]

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.....
Student Embalmer

Signed *L. M. O'Connell*

Licensed Embalmer No. *3889*

P. O. Address *Harrison, 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.