

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26766

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 45

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

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

a. STATE

Mo.

b. COUNTY

ST. LOUIS

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

HILLSBORO

c. LENGTH OF STAY (in this place)

6 YRS

c. CITY OR TOWN

FERGUSON Mo.

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION

CEDAR GROVE NURSING HOME

e. STREET ADDRESS (If rural, give location)

4001

3. NAME OF DECEASED (Type or Print)

(First)

JAMES

b. (Middle)

LE ROY

c. (Last)

WATKINS

4. DATE OF DEATH (Month) (Day) (Year)

AUG. 1 1955

5. SEX

M O

6. COLOR OR RACE

W

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

SINGLE

8. DATE OF BIRTH

DEC. 15 1910

9. AGE (In years last birthday)

44

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)

INVALID

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

MARTHAESBURG O

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

CHAS. W. WATKINS

13b. MOTHER'S MAIDEN NAME

MAGGIE YELTON

14. NAME OF HUSBAND OR WIFE

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.

NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

CHAS. W. WATKINS FERGUSON 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)

MEDICAL CERTIFICATION

Chronic Hepatitis

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)

DUE TO (c)

592X

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 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 7-31, 1955, to 8-1, 1955, that I last saw the deceased alive on 8-1, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

R. E. Pierce, D.O.

23b. ADDRESS

De Soto, Mo.

23c. DATE SIGNED

8-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

AUG. 4/1955

24c. NAME OF CEMETERY OR CREMATORY

UNITY

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

JEFF. CITY Mo.

DATE REC'D BY LOCAL REG.

8-3-55

REGISTRAR'S SIGNATURE

Kathleen Mendenhall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

LARRY WHITE FERGUSON Mo.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 8 1955

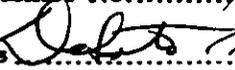
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 410

P. O. Address..... 

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.