

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32165

State File No. \_\_\_\_\_

FILED NOV 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3000 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Atchison</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 Hr.</u>		e. STREET ADDRESS (If rural, give location) <u>N. 9th</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willian</u> b. (Middle) <u>Roy</u> c. (Last) <u>Watkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-4-1899</u>
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u></u>	11. DAYS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dist. K.C. Star</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison, Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>W.L. Watkins</u>	
13b. MOTHER'S MAIDEN NAME <u>Belle McGlerv</u>		14. NAME OF HUSBAND OR WIFE <u>Huella Watkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW 2</u>		16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jack Watkins</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>INTERNAL hemorrhage</u> DUE TO (c) <u>Ruptured Spleen.</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Home Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>hwy 71</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mt. Pleasant, Twp. Bates Missouri</u>	
21d. TIME OF INJURY <u>11-5-55 4:15 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Auto. accident.</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 5, 1955</u> , to <u>Nov. 5, 1955</u> , that I last saw the deceased alive on <u>Nov. 5, 1955</u> , and that death occurred at <u>5:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. D. Lathrop, M.D.</u>		23b. ADDRESS <u>Butler Mo.</u>	
23c. DATE SIGNED <u>Nov. 8-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>11-6-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alpena Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Alpena, Arkansas</u>		DATE REC'D BY LOCAL REG. <u>Nov. 8-55</u>	
REGISTRAR'S SIGNATURE <u>Kendall Kern</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>John L. Henderson</u>	
17-0		ADDRESS <u>Butler Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 5 1958

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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.....  
Signature of Student Embalmer

Signed *Robert G. Stenberg*.....

Licensed Embalmer No. *465*.....

P. O. Address *Bethel*.....

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.