

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37475

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Maries</u> <u>Miller twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon, Rt 3.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon Rt. 3</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Miller twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) <u>Ann</u> c. (Last) <u>Watkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 11, 1872</u>
9. AGE (in years last birthday) <u>83</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Camden Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>George W. Steen</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Barnett</u>	14. NAME OF HUSBAND OR WIFE <u>Emmett G. Watkins</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geo. Patterson Dixon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tobacco Pneumonia</u> DUE TO (c) <u>490X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>4 days</u> <u>years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 11/12, 1955, to 11/12, 1955, that I last saw the deceased alive on 11/12/55, 1955, and that death occurred at 9:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. A. Gould, D.D.</u>	23b. ADDRESS <u>Iberia, Mo.</u>	23c. DATE SIGNED <u>11/14/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/15/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>
24d. LOCATION (City, town, or county) (State) <u>Iberia, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Homes Inc</u>
DATE REC'D BY LOCAL REG. <u>11-17-55</u>	REGISTRAR'S SIGNATURE <u>Pauline Howditch</u>	ADDRESS <u>Hedges Funeral Homes Inc Iberia, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4265

P. O. Address Shenandoah, 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.