

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8448

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scotland	
b. CITY OR TOWN Kahoka		c. CITY OR TOWN Gorin	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 16 Mo.		e. STREET ADDRESS (If rural, give location) 0990,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mitchell Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) Belle c. (Last) WATKINS			4. DATE OF DEATH (Month) (Day) (Year) Feb 6 1956			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 5 1890	9. AGE (In years last birthday) 85	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) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Burnside, Ill		12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME Marion Dorothy		13b. MOTHER'S MAIDEN NAME Mary Aldridge		14. NAME OF HUSBAND OR WIFE William Watkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Claude Ludwick ADDRESS Kahoka	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH yes yes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	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 4221		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) (Min.)		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 **Dec 14, 1955**, to **Feb 6, 1956** that I last saw the deceased alive on **Feb 5, 1956**, and that death occurred at **4 a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Perry S. Barton, D.O.		23b. ADDRESS Kahoka, Mo 2-7-56		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb 8, 1956		24c. NAME OF CEMETERY OR CREMATORY Memphis	
24d. LOCATION (City, town, or county) (State) Memphis, Missouri					

DATE REC'D BY LOCAL REG. 3/15-56		REGISTRAR'S SIGNATURE J.R. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE Smith & Bassett ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Myself*, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Fred H. ...*

Licensed Embalmer No. 47

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.