

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19847

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 33 PRIMARY REG. DIST. NO. 3009 Registrar's No. 306

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>JACKSON</b>		c. LENGTH OF STAY (In this place) <b>5 MONTHS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ORAN</b>		d. STREET ADDRESS (If rural, give location) <b>ORAN</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEAL NURSING HOME</b>									
3. NAME OF DECEASED a. (First) <b>HENRY (HARRY) CLAY</b>			b. (Middle) <b>WATKINS SR.</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 5 1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>DEC. 20 1869</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	IF UNDER 1 MRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MECHANIC</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MENS CLOTHING</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>RICHARD WATKINS</b>			13b. MOTHER'S MAIDEN NAME <b>ELIZABETH HARRISON</b>			14. NAME OF HUSBAND OR WIFE <b>SALLIE WATKINS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>H. C. WATKINS JR.</b>			ADDRESS <b>BENTON, MO</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastric hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 hr.</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cause undetermined</b>					
				DUE TO (c)					
				11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatoid Arthritis</b>				<b>11 yrs.</b>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>7220</b>			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) 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 <b>Dec 11, 1955</b> to <b>June 5, 1956</b> that I last saw the deceased alive on <b>June 4, 1956</b> and that death occurred at <b>8:20 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>J. H. Jaeger MD</b>					23b. ADDRESS <b>Jackson, Mo</b>		23c. DATE SIGNED <b>June 11, 1956</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 7 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WATKINS</b>		24d. LOCATION (City, town, or county) (State) <b>SCOTT COUNTY MO.</b>				
DATE REC'D BY LOCAL REG. <b>6-15-56</b>		REGISTRAR'S SIGNATURE <b>Elizabeth Summers</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith</b>		ADDRESS <b>ORAN, MO.</b>		

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Earl J. Smith*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3676*

P. O. Address *Orean, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.