

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29576**

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY OR TOWN Dexter	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) Life		e. STREET ADDRESS (If rural, give location) 213 So. Locust	
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 So. Locust			

3. NAME OF DECEASED (Type or Print) Kathleen Watkins	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH August 25, 1956
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5. SEX Female	6. COLOR OR RACE Caus.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 21, 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None (Invalid)	11. BIRTHPLACE (City and State or Foreign Country) Dexter, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Webb Watkins	13b. MOTHER'S MAIDEN NAME Emma Coleman	14. NAME OF HUSBAND OR WIFE None
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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 Webb Watkins	ADDRESS Dexter, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic cancer		INTERVAL BETWEEN ONSET AND DEATH 3 months 3 months 40 yrs
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Chronic pancreatitis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Epilepsy, Jacksonian type			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1561	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Nov. 10, 1956** to **Aug. 25, 1956**, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:15 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. B. Dickerson M.D.</i>	23b. ADDRESS Dexter Mo.	23c. DATE SIGNED Aug. 27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-27-56	24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery	24d. LOCATION (City, town, or county) (State) Dexter, Mo.
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DATE REC'D BY LOCAL REG. 8-28-56	REGISTRAR'S SIGNATURE <i>Delma C. Jenkins</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Strickland Rainey</i>	ADDRESS Dexter, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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~~ Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Lucille Paisley*.....

Licensed Embalmer No. *7982*

P. O. Address *Deaton*.....

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.