

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32596**

FILED NOV 20 1956

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>4183</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PACIFIC</u>		c. LENGTH OF STAY (in this place) <u>1 YR.</u>		c. CITY OR TOWN <u>SCHEVE MERAMEC TOWNSHIP</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARY T. CORBETT NURSING HOME</u>				e. STREET ADDRESS (If rural, give location) <u>CATAWISSA MO RR#1 0501</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u>		b. (Middle) <u>IDA</u>		c. (Last) <u>WATKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-15-1956</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>NOV 20-1881</u>	
9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Days <u>11</u> Hours <u>15</u>		11. IF UNDER 1 MIN. Mins. <u>15</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PRIVATE HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JEFFERSON MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>ROOLPH JUNGE</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA HEID</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES S WATKINS (DEC.)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret O'Neal</u> ADDRESS <u>Catawissa 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>BRONCHO-pneumonia</u> ANTECEDENT CAUSES <u>Paralysis agitans.</u> DUE TO (b) <u>2 yrs.</u> DUE TO (c) <u>arterio-sclerotic hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>Tachycardia</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) <u>036</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 10, 1948</u> , to <u>11/15, 1956</u> , that I last saw the deceased alive on <u>11/15, 1956</u> , and that death occurred at <u>12 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MO</u>				23b. ADDRESS <u>Pacific Mo.</u>		23c. DATE SIGNED <u>11/15/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/17/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Independent Burial Home</u>		24d. LOCATION (City, town, or county) (State) <u>Catawissa RR#1 MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 16-56</u>		REGISTRAR'S SIGNATURE <u>Mary S. Gross</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Home Springs</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

94-0

APR 11 1958

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.....
Licensed Embalmer No. 1470

P. O. Address House Spring

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.