

THE HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

157 017640
STATE FILE NUMBER

FILED JUN 4 1957

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 105

Health, Welfare, Public Service
300
1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 521 N. McGregor			Length of stay in lb 50 yrs		d. STREET ADDRESS 521 N. McGregor		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last LEWIS FRANK WATKINS				4. DATE OF DEATH Month Day Year May 24, 1957					
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 17, 1880		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired mechanic		10b. KIND OF BUSINESS OR INDUSTRY autos		11. BIRTHPLACE (City and state or country) Ill!		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME William Watkins				14. MOTHER'S MAIDEN NAME Linnie ?					
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 Address Carthage, Mo Bertha Watkins, 521 N. McGregor					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Sensibility, Extreme debility 331x								INTERVAL BETWEEN ONSET AND DEATH 24 hrs 3+ yrs.	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Carthage, Mo		STATE	
21. I attended the deceased from 5-6-57 to 5-24-57 and last saw her alive on 5-23-57 Death occurred at 5 am on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Grover S. Patterson M.D.				22b. ADDRESS 506 Main, Carthage, Mo				22c. DATE SIGNED 5-24-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-26-57		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Carthage, Missouri			
24. FUNERAL DIRECTOR Knell Mortuary				ADDRESS Carthage, Mo		25. DATE RECD. BY LOCAL REG. 5-25-57		26. REGISTRAR'S SIGNATURE Ely Clinton	

(Licensed Embalmer's Statement on Reverse Side)

Jasper County Health Officer
County File Number 57-6-445
Date Filed H.H.N. 3 1957

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..... Robert H. Knell

Licensed Embalmer No. 445

P. O. Address Carthage

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.