

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1957

STATE FILE NUMBER 28880

Registration District No. 96 Primary Registration District No. 4158 Registrar's No. 721

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>	
b. CITY OR TOWN <b>Buffalo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Buffalo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johnson Adm.</b> Length of stay in lb <b>1 yr.</b>		d. STREET ADDRESS <b>Johnson Adm.</b> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>E.</b> Last <b>Watkins</b>			4. DATE OF DEATH Month <b>August</b> Day <b>8</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 28, 1891</b>	
9. AGE (In years last birthday) <b>66</b>			IF UNDER 1 YEAR Months <b>6</b> Days <b>6</b> IF UNDER 24 HRS. Hours <b>6</b> Min. <b>6</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTH PLACE (City and state or country) <b>Dallas County</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>N. Watkins</b>		13b. MOTHER'S MAIDEN NAME <b>Hester</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Watkins</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT <b>Julia Watkins of Buffalo, Mo.</b> Address <b>—</b>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>				
DUE TO (c) <b>—</b>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)		
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20c. TIME OF INJURY Hour <b>—</b> Month <b>—</b> Day <b>—</b> Year <b>—</b> a.m. <b>—</b> p.m. <b>—</b>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	

21. I attended the deceased from <b>1950</b> to <b>8-8-57</b> and last saw <b>him</b> alive on <b>8-6-57</b> Death occurred at <b>9:10 o'clock p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE <b>D. O. Lammun</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Buffalo Mo.</b>		22c. DATE SIGNED <b>8-12-57</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/10/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hope Well</b>		23d. LOCATION (City, town, or county) <b>Texas, Missouri</b> (State)	
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24. FUNERAL DIRECTOR <b>Jones of Buffalo, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>8/19/57</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Grace Petree</b>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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By **—**

AUG 21 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 .....

*Gene C. Hunter*

Licensed Embalmer No. *4739*

P. O. Address *Buffalo, N.Y.*

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.