

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010258
STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1374

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Municipal Auditorium 13th & Wyandotte			Length of stay in lb 38 years	d. STREET ADDRESS (If outside, give location) 3919 Euclid	
3. NAME OF DECEASED (Type or print) First ROY Middle A Last WATKINS			4. DATE OF DEATH Month March Day 12 Year 1958		
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 8-23-1891	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Postal Employee		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	11. BIRTHPLACE (City and state or country) Williamsburg, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William A Watkins		13b. MOTHER'S MAIDEN NAME Jennie Nearon		14. NAME OF HUSBAND OR WIFE Ruth I. Watkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Years, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-03-9829	17. INFORMANT Address Ruth I Watkins 3919 Euclid, K C Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct Anterior Wall					INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Occlusion (anterior)					Minutes
DUE TO (c) atherosclerosis					6 Mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____					
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 COUNTY STATE	
21. I attended the deceased from Oct 57 to Mar 58 and last saw ^{him} alive on Mar 1 1958 Death occurred at 9:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John M. Powers M.D.			22b. ADDRESS 3304 Lenwood		22c. DATE SIGNED 3/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-15-1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Mem. Gardens		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Floral Hills Mem. Chapels K.C.Mo.			25. DATE RECD. BY LOCAL REG. 3-15-58		26. REGISTRAR'S SIGNATURE Irene Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

John M. Powers

Health, Welfare and Public Service

300 3
-57

Doctor, coroner, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

*Dr. John ...
Trinity ...
31st ...*

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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 *D. J. Nofsinger*

Licensed Embalmer No. *9938*

P. O. Address *A. C. No*

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.