

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

53-000516

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 29

300
1-57

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Mo. Hosp 8tl		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) 510 A Washington Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HERMAN LLOYD WATKINS			4. DATE OF DEATH Month Day Year January 19, 1959		
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 January 16, 1886	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 3 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, ret.		10b. KIND OF BUSINESS OR INDUSTRY Disposal Co.		11. BIRTHPLACE (City and state or country) Owensboro, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME L.A. Watkins		13b. MOTHER'S MAIDEN NAME Elizabeth Mattingly	
14. NAME OF HUSBAND OR WIFE Lydia Irion Watkins		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. 490-10-8417	
17. INFORMANT Mrs. Lydia I. Watkins		Address Cape Gir. 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) <u>Cerebral vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic urinary tract infection. Congestive heart failure.</u>	
19. INTERVAL BETWEEN ONSET AND DEATH 4 days.		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II, if item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Death occurred at <u>Sept 17, 1959</u> and last saw her ^{him} alive on <u>Jan 18, 1959</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Charles T. C. Wilson M.D.</u>	
22b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>1-19-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Jan. 21, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
24. FUNERAL DIRECTOR <u>Halter's Funeral Home</u>		ADDRESS <u>Cape Gir.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 26, 1959</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>		(Licensed Embalmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Virgil H. Kelch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau,*

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.