

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034291
STATE FILE NUMBER

FILED VS OCT 13 1960

098 Primary Registration District No. Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Davies				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Davies					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.F.D. Melbourne Mo.		Length of stay in 1b		c. CITY OR TOWN Melbourne		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. #		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Lloyd Middle Watkins Last Watkins				4. DATE OF DEATH Month July Day 16 Year 1960					
5. SEX Male		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/11/1900			
9. AGE (last birthday) 60		9. AGE (last birthday) 60		UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Davies Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Walter Watkins			13b. MOTHER'S MAIDEN NAME Essie Gamble			14. NAME OF HUSBAND OR WIFE Dollie Watkins (dec)			
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 Beat Watkins		Address Jamesport 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) Coronary Occlusion							INTERVAL BETWEEN ONSET AND DEATH Immediate		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. 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 _____ to _____ and last saw her/him alive on found dead Death occurred at 6:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE L. Baumgardner				(Degree or title) Coroner		22b. ADDRESS Pattersonburg, Mo		22c. DATE SIGNED 9/30/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 15, 1960		23c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery		23d. LOCATION (City, town, or county) Davies Co. Mo.		(State)	
24. FUNERAL DIRECTOR J. Andra Blackburn				ADDRESS Intake		25. DATE RECD. BY LOCAL REG. 10-4-60		26. REGISTRAR'S SIGNATURE Virgie M. Engelhart	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 17 1960

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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Claud H. Clamond

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.