

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004882

Registration District No. 74 Primary Registration District No. 5298 Registrar's No. 2 STATE FILE NUMBER

AMENDED

FILED VS FEB 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>C. Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stewartsville</u>		Length of stay in 1b <u>29 years</u>	c. CITY OR TOWN <u>Stewartsville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi South of Stewartsville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Daniel Watkins</u>			4. DATE OF DEATH. 2-20-1961 Month Day Year
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-11-1921</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prof. Sheep Shearer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Winston, Mo</u>	9. AGE (last birthday) <u>40</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) <u>Winston, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James R. Watkins</u>		13b. MOTHER'S MAIDEN NAME <u>Eather Mae Riggs</u>	14. NAME OF HUSBAND OR WIFE <u>Adelia Watkins</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>W.W. II</u>		16. CAPITAL EMPLOYMENT	17. INDEMNITY Address <u>Sam. Watkins, Stewartsville, Mo</u>
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>Lacerations from Chain saw and head crushed by falling tree while working in timber</u> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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"/>	20a. ACCIDENT <input checked="" 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.) <u>Accused while falling tree</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Lane</u>		20f. CITY, TOWN, OR LOCATION <u>6 mi South of Stewartsville, Mo</u>	COUNTY STATE <u>Clinton Co.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Dennis W. Sinden, Coroner</u>		22b. ADDRESS <u>Cameron Mo</u>	22c. DATE SIGNED <u>2-20-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-23-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stewartsville</u>	23d. LOCATION (City, town, or county) (State) <u>Stewartsville, Mo</u>
24. FUNERAL DIRECTOR <u>W. C. Sumnerfield</u>	ADDRESS <u>Stewartsville</u>	25. DATE RECD. BY LOCAL REG. <u>2-23-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mary W. Seearse</u>

VS MAR 2 - 1961

FILED AT ...

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 W. Blumensfeld

Licensed Embalmer No. 300?

P. O. Address Stewartville, Md

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.