

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-031823
STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 122

FILED OCT 13 1961

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>			Length of stay in 1b <u>3 days</u>		c. CITY OR TOWN <u>RFD Butler</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bates Memorial Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RFD #5</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Bryan</u> Last <u>Watkins</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>2</u> Year <u>1961</u>									
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>10/27/16</u>		9. AGE (last birthday) <u>45</u> <u>44</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Milk Plant</u>		11. BIRTHPLACE (City and state or country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>George Watkins</u>				13b. MOTHER'S MAIDEN NAME <u>Pearl Carpenter</u>				14. NAME OF HUSBAND OR WIFE <u>Faye Watkins</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WW #2</u>				16. SOCIAL SECURITY NO. <u>W W #2</u>				17. INFORMANT <u>Noal A Watkins=Heber Spgs Ark</u> Address					
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>Crushing injury chest</u> DUE TO (b) <u>Automobile accident.</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
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>Car-truck collision</u>									
20c. TIME OF INJURY Hour <u>11</u> p.m. Month, Day, Year <u>9 29 61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 71 2 mi. South Butler Bates Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Butler Bates Mo</u>		COUNTY <u>Bates</u> STATE <u>Mo</u>					
21. I attended the deceased from <u>9-29-61</u> to <u>10-2-61</u> and last saw him alive on <u>10-2-61</u> Death occurred at <u>7:45 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Print or title) <u>Douglas C. Howard</u>				22b. ADDRESS <u>Butler, Mo</u>				22c. DATE SIGNED <u>10-2-61</u>					
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/5/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Evening Shade</u>		23d. LOCATION (City, town, or county) (State) <u>Cave Spgs. Arkansas</u>							
24. FUNERAL DIRECTOR <u>Culver Underwood=Butler Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Oct 2-1961</u>		26. REGISTRAR'S SIGNATURE <u>Kendall Kerney</u>							

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

OCT 13 1961

OCT 17 1961

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 Robert D. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butte, Mo

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.