

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-037986

STATE FILE NUMBER

AMENDED

Registration District No. 274

FILED OCT 23 1961

Primary Registration District No. 2052

Registrar's No. 325

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>                                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Sedalia</u>  |   | c. CITY OR TOWN <u>Sedalia</u>   |  |
| Length of stay in lb <u>Life</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>1113 West 3rd</u>  |  |
| Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>James</u> Middle <u>Joseph</u> Last <u>Watkins</u>   |   | 4. DATE OF DEATH<br>Month <u>Oct</u> Day <u>19</u> Year <u>1961</u>  |  |
| 5. SEX<br><u>Male</u>  | COLOR OR RACE<br><u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>7-20-1891</u>                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Plumber</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Plumbing</u>   | 9. AGE (last birthday)<br><u>70</u>                        |
| 11. BIRTHPLACE (City and state or country)<br><u>Sedalia Mo</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME<br><u>Joseph Earl Watkins</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Queenie Balch</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Helen F. Watkins</u>   |   | Address <u>1113 W. 3rd</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(yes, no, or unknown) (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO.<br><u>499-14-5964A</u>   |  |
| 17. INFORMANT<br><u>Mrs. Helen Watkins</u>   |   | Address <u>Sedalia</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of Heart Muscles with Hypertension</u><br>DUE TO (c) <u>Coronary</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Immediate</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour <u>11:00</u> a.m. p.m.<br>Month, Day, Year <u>Jan 1961</u>   | 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<br><u>Sedalia</u>   |  |
| COUNTY <u>Mo</u>   |   | STATE <u>Mo</u>  |  |
| 21. I attended the deceased from <u>Jan 1961</u> to <u>Oct 19, 1961</u> and last saw him alive on <u>18 Sept 1961</u><br>Death occurred at <u>11:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |
| 22a. SIGNATURE<br><u>Donald C. Porter M.D.</u>   |   | 22b. ADDRESS<br><u>Sedalia, Mo.</u>  |  |
| 22c. DATE SIGNED<br><u>20 Oct 1961</u>   |   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>10-21-61</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Crown Hill</u>  | 23d. LOCATION (City, town, or county)<br><u>Sedalia Mo</u> |
| 24. FUNERAL DIRECTOR<br><u>McLaughlin Bros Sedalia</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>10/20/1961</u>  |  |
| ADDRESS  |   | 26. REGISTRAR'S SIGNATURE<br><u>Frances Shelby</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

**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 K.P.M. Lary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.