

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041549

STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 41

AMENDED

FILED DEC 11 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>NOX</u>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Edina</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Scotland</u>
Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Gorin</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>Gibson Hospital</u>		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)			4. DATE OF DEATH	
First	Middle	Last	Month	Day Year
<u>Catherine Emily Watkins</u>			<u>December 5, 1961</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>8/4/1906</u>	9. AGE (last birthday) <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Scotland Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>William Chipman</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Roozel</u>		14. NAME OF HUSBAND OR WIFE <u>George Watkins</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>George Watkins Gorin, Missouri</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Medullary Paralysis (Increased Intracranial Pressure).</u>		
DUE TO (b) <u>Thrombotic Encephalomalacia with cerebral Hemorrhage</u>		
DUE TO (c) <u>Arteriosclerosis</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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 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 1:00 AM Dec. 5 to 1:50 AM Dec 5 and last saw her/him alive on Dec. 5, 1961
Death occurred at 1:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>C. W. Gibson DD</u>	22b. ADDRESS <u>Edina Mo.</u>	22c. DATE SIGNED <u>12-6-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/7/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Harmony Grove Cemetery</u>
23d. LOCATION (City, town, or county) <u>Knox County, Missouri</u>		(State)

24. FUNERAL DIRECTOR <u>Kerthe Baskett</u>	ADDRESS <u>Memphis, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec-7-1961</u>	26. REGISTRAR'S SIGNATURE <u>Neil S. Hummel</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 George Getch

Licensed Embalmer No. 5091

P. O. Address Murphy, S.

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.