

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011951

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 209Primary Registration District No. 3043Registrar's No. 128

FILED APR 10 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | | Length of stay in 1b | c. CITY OR TOWN Hannibal |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 605 Collier |
| 3. NAME OF DECEASED (Type or print) First James Middle E. Last Watkins | | 4. DATE OF DEATH Month March Day 28 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 26, 1884 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter-B&B Dept. Retired | | 10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q. Cherry Box | 11. BIRTHPLACE (City and state or country) Shelby Co. Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13. FATHER'S NAME William J. Watkins | |
| 13b. MOTHER'S MAIDEN NAME Laura Ellen Selsor | | 14. NAME OF HUSBAND OR WIFE Susie M. Watkins | |
| 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. | 17. INFORMANT Address Mrs. Susie Watkins 605 Collier, |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Cardiac Decompensation 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) Carcinoma of prostate | | | 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 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 _____ Death occurred at 11:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) | | 22b. ADDRESS Hannibal Mo | 22c. DATE SIGNED April 9, 1962 |
| 23a. BURIAL, CREATION, REMOVAL (Specify) Burial | 23b. DATE Mar. 31, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park | 23d. LOCATION (City, town, or county) Hannibal, Mo. |
| 24. FUNERAL DIRECTOR H.M.O'Donnell, Hannibal, Mo. | | 25. DATE RECD. BY LOCAL REG. April 9, 1962 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

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 *J. M. O'Connell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.

*Bernett received
April 3, 1962*