

FILED MAR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4243

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (If in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oran</u>		8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Missouri Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Add</u> c. (Last) <u>Watkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 15 1977</u>	
9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>22</u>		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Livestock Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sold Livestock</u>					
13a. FATHER'S NAME <u>John Watkins</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Brooks</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Watkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Watkins Oran, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm - abdominal Aorta</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>in 22</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Aortic aneurysm - abdominal - fusiform</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau - Cape Girardeau, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 24</u> , 19 <u>49</u> to <u>Feb. 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb. 7</u> , 19 <u>49</u> , and that death occurred at <u>9:20 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank Hall, M.D.</u>				23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>2-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 9 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friend Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oran, Scott Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 23 1949</u>		REGISTRAR'S SIGNATURE <u>G.G. Summer</u>		44 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Smith</u>		ADDRESS <u>Oran, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16  
4

RECEIVED

Health Officer No. 4

License No. 249-288

2-28-49

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 .....  
Student Embalmer

Signed

*Earl J. Smith*

Licensed Embalmer No. 3676

P. O. Address *Orem, 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 this body is not embalmed, fact should be so stated above.