

No. 300.  
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FILED JUN 14 1949THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15592

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>497</u>
1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1515 N. Robberson</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1515 N. Robberson</u>		d. STREET ADDRESS (If rural, give location) <u>1515 N. Robberson</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> b. (Middle) <u>Staley</u> c. (Last) <u>Watkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 29 1864</u>	9. AGE (In years last birthday) <u>84</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
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 <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Greene Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>W. E. Staley</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Watkins Sr.</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas Watkins Springfield Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infarct</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Disability due to Fracture of</u> <u>8 mo</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> <u>20</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Co Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 12 1948</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on floor while walking at home</u> <u>1:30 P</u>
22. I hereby certify that I attended the deceased from <u>7/12</u> , 19 <u>48</u> , to <u>6-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6/2</u> , 19 <u>49</u> , and that death occurred at <u>7:05a</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>C. E. Feller MD</u>		23b. ADDRESS <u>609 Cherry Springfield</u>		23c. DATE SIGNED <u>6/3/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 5 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u>				
DATE REC'D BY LOCAL REG. <u>6/4/49</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner &amp; Co. Spgfd</u>

(Licensed Embalmer's Signature on Reverse Side)

7213

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

APR 11 1963

JUN 14 1963

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.

Signed \_\_\_\_\_

*Max Rhodes*

Signed.....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*407*

P. O. Address \_\_\_\_\_

*Springfield*

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.