

FILED SEP 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31244

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Demasot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Demasot</u>	
b. CITY OR TOWN <u>Couthsville</u>		c. CITY OR TOWN <u>Couthsville</u>	
c. LENGTH OF STAY (If in place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1506 Ward ave</u>		<u>1506 Ward ave</u>	

3. NAME OF DECEASED (Type or Print) <u>MARTIN HALLEY WATKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-17-1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Jan-7-1906</u>		9. AGE (In years last birthday) <u>44</u>		10. UNDER 1 YEAR (Months) (Days) <u>8 10</u>	
11. BIRTHPLACE (State or foreign country) <u>Couthsville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Richard Watkins</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Durant</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-14-8068</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fay Watkins</u>	
				ADDRESS <u>Couthsville</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</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>4201</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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 9/16, 1950, to 9/17, 1950, that I last saw the deceased alive on 9/16, 1950, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. B. Snapp, M.D.</u> (Degree or title)		23b. ADDRESS <u>Couthsville, Mo.</u>		23c. DATE SIGNED <u>9/20/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-19-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little prairie</u>	
				24d. LOCATION (City, town, or county) (State) <u>Couthsville Mo.</u>	

DATE REC'D BY LOCAL REG. <u>9-23-1950</u>		REGISTRAR'S SIGNATURE <u>Tressie B. Wilcox</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co. Couthsville Mo.</u>	
				ADDRESS _____	

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

782

9-50-258

SEP 23 1940

S. B. Beecher, M. D.,
Panicot County Health Department,
Caruthersville, Missouri

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 *Paul R. Moon*

Licensed Embalmer No. *4636*

P. O. Address *Caruthersville*

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.