

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15523

State File No.

5. No. 300
v. 10.48

FILED MAY 23 1951

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 31

0051

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

1. PLACE OF DEATH a. COUNTY <u>Barry Co. Home W. Cal. St.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett Mo.</u> c. LENGTH OF STAY (In this place) <u>years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Cale St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> d. STREET ADDRESS (If rural, give location) <u>West Cale St.</u>	
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3. NAME OF DECEASED (Type or Print) <u>CHARLES HOWARD WATKINS</u> a. (First) b. (Middle) c. (Last)	4. DATE OF DEATH <u>MAY-14-1951</u> (Month) (Day) (Year)
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 3</u>	8. DATE OF BIRTH <u>DEC. 13-1876</u>	9. AGE (In years last birthday) <u>74</u> If UNDER 1 YEAR: Months Days If UNDER 2 HRS: Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baggage man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Freight Baggage and Railroad Industry</u>	11. BIRTHPLACE (State or foreign country) <u>Anderson, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Arthur Watkins</u>	13b. MOTHER'S MAIDEN NAME, Don't know last name <u>May Lucinda</u>	14. NAME OF HUSBAND OR WIFE <u>Maud Clair Watkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>702-03-9878</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertine Watkins</u> ADDRESS <u>Monett Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Summized arteriosclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased deceased on May 14, 1951 and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert P. Roddy MD</u>	23b. ADDRESS <u>Monett Mo.</u>	23c. DATE SIGNED <u>5-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>2007 Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Lawrence, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-21-51</u>	REGISTRAR'S SIGNATURE <u>w. m. west</u> 120	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Buchanan</u> ADDRESS <u>Monett Mo.</u>
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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAY 25 1951

Dist. File 33-1-9192

Date Filed 3-23-51

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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 J. P. Buchanan

Licensed Embalmer No. 3149

P. O. Address Monroeville, Pa.

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.