

FILED MAY 16 1951 STANDARD CERTIFICATE OF DEATH

476  
0

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

BIRTH NO. 21694-51 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0940</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Watkins</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>April 27, 1951</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>3</u> Days	IF UNDER 24 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ironton Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>			
13a. FATHER'S NAME <u>Alvin G. Watkins</u>		13b. MOTHER'S MAIDEN NAME <u>Jewell Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alvin G. Watkins Farmington</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>acute bilateral bronchial pneumonia</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>Premature Birth</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days-</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7635</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)	
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>4-27</u> , 1951, to <u>4-30</u> , 1951, that I last saw the deceased alive on <u>4-29</u> , 1951, and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Fairland, m.d.</u> (Degree or title)		23b. ADDRESS <u>Ironton, Missouri</u>	23c. DATE SIGNED <u>4-30-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 30</u>	24c. NAME OF CEMETERY OR CREMATORY <u>K of P</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington Missouri</u>
DATE REC'D BY LOCAL REG. <u>May 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Miss [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Cozean</u>	ADDRESS

RECEIVED

MAY 14 1951

DISTRICT HEALTH OFFICE No. C

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

*W. H. Embalmed*

working under my personal supervision.

Student Embalmer No. ....

Signed

*C. E. Hamell*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3670*

P. O. Address *Newton, Mass.*

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.