

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5981 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give town) "Rural" Madison Twp.		c. CITY (If outside corporate limits, write RURAL and give township) "Rural" Madison Twp.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Rt. 2, Dunnegan	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2 Dunnegan			

3. NAME OF DECEASED (Type or Print) a. (First) Finis	b. (Middle) Q.	c. (Last) Watkins	4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 6, 1883
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (State or foreign country) Polk County, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY farming	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Watkins	13b. MOTHER'S MAIDEN NAME Hulda Pickel	14. NAME OF HUSBAND OR WIFE Ella Watkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. William Ellis, Louisiana, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
ANTECEDENT CAUSES		DUE TO (b) Circulatory Hypertension	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/>
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) 443X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Aug 22, 1950, to Sept 2, 1951, that I last saw the deceased alive on Sept 1, 1951, and that death occurred at 3:25 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. G. Saunders D.O.	23b. ADDRESS Fair Play, Mo.	23c. DATE SIGNED 9/3/51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept. 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Barran Creek
24d. LOCATION (City, town, or county) (State) Polk County, Mo.		

DATE REC'D BY LOCAL REG. Sept 4, 1951	REGISTRAR'S SIGNATURE Ralph Warden	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Turpin Funeral Home Bolivar, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

5840

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

SEP 27 1951

Dist. File

Date Filed

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed Donald Duffin
Student Embalmer No. _____

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.