

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10:48

FILED NOV 9 1951

BIRTH NO. ....		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>5909</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>Democrat</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Democrat</u>			
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Bural-Little Prairie</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Bural</u>		<u>8780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Judy</u> b. (Middle) <u>ANN</u> c. (Last) <u>WATKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 22 - 1951</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Aug. 26 - 1948</u>		9. AGE (In years last birthday) <u>3</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Democrat Co. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman Watkins</u>			13b. MOTHER'S MAIDEN NAME <u>Frankie Mae Rocco</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herman Watkins</u> ADDRESS <u>Cantersville</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Don't know</u>							<u>→</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7955</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) <u>Cantersville, Democrat, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>10-21-</u> , 19 <u>51</u> , to <u>10-22-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-21-</u> , 19 <u>51</u> , and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Aguirre M.D.</u> (Degree or title)				23b. ADDRESS <u>Cantersville, Mo.</u>		23c. DATE SIGNED <u>10-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/24/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Cantersville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 23, 1951</u>		REGISTRAR'S SIGNATURE <u>Tessie B. Miller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>LaFoye Lumber Co.</u> ADDRESS <u>no.</u>			

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

11-51-275

Rec. NOV 7 1951

S. B. Beecher, M. D.,  
Pemiscot 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 \_\_\_\_\_

CHARLES E. MUNGLE

Student Embalmer No. 423

working under my personal supervision.

Student Charles E. Mungle  
Student Embalmer

Signed Noel C. Drain

Licensed Embalmer No. 3941

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.