

FILED DEC 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. **43853**

BIRTH NO. _____ REG. DIST. NO. **259** PRIMARY REG. DIST. NO. **6223** Registrar's No. **25**

1080
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Newman		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Newman	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Vergis		c. CITY (If outside corporate limits, write RURAL and give township) Rural Vergis township	
c. LENGTH OF STAY (in this place) 7 yrs		d. STREET ADDRESS (If rural, give location) RFP H 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) JESSE b. (Middle) F. WATKINS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 12 / 3 / 51	
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 26 1914	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (State or foreign country) Mo. Vergis township	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Clayton Watkins	13b. MOTHER'S MAIDEN NAME Mary Shade	14. NAME OF HUSBAND OR WIFE Eula Watkins
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE AND ADDRESS Eula Watkins, El Dorado Spgs Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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. Primary cancer undetermined		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1998	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)	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 **May**, 1951, to **12-3**, 1951, that I last saw the deceased alive on **11-30**, 1951, and that death occurred at **6:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE F.R. Martin	(Degree or title) MD	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 12-7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rural	24b. DATE 12/6/51	24c. NAME OF CEMETERY OR CREMATORY Vergis City	24d. LOCATION (City, town, or county) (State) Newman Co Mo
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DATE REC'D BY LOCAL REG. 12/13/51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mrs Ruth [Signature] Embalmer's Statement on Reverse Side
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

INDEXED DEC. 17 1951
Case File - 1257-3141
Date Filed - 12-18-51

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 Embalmer No.....

Signed.....
Student Embalmer

Signed George W. Mafus

Licensed Embalmer No. 2752

P. O. Address El Dorado Spgs 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.