

5. No. 306
10. 48

APR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12291

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

BIRTH NO.		REG. DIST. NO. 58		PRIMARY REG. DIST: NO. 4087		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Fulton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Van Buren		c. LENGTH OF STAY (in this place) enroute		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camp FO30			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Mi. West Van Buren H-Way 60				d. STREET ADDRESS (If rural, give location) f			
3. NAME OF DECEASED (Type or Print) a. (First) Randel b. (Middle) Ray c. (Last) Watkins			4. DATE OF DEATH 4/11/52 (Month) (Day) (Year)				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 25, 1951	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR 16 Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MINS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Salem, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Randel Watkins			13b. MOTHER'S MAIDEN NAME Jean McBride		14. NAME OF HUSBAND OR WIFE -----		
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 Tom McBride Salem, Arkansas			
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) Crushed Skull 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.				INTERVAL BETWEEN ONSET AND 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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carter Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-11-52 7:15 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car Collision			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Seaton Perwith (Degree or title) 3 Cor				23b. ADDRESS Van Buren		23c. DATE SIGNED 4-19-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/14/52	24c. NAME OF CEMETERY OR CREMATORY Camp Cemetery		24d. LOCATION (City, town, or county) (State) Camp, Arkansas		
DATE REC'D BY LOCAL REG. April 22 52		REGISTRAR'S SIGNATURE Mr. Ota Henson		25. FUNERAL DIRECTOR'S SIGNATURE Higginbotham		ADDRESS Funeral Service - Ark.	

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 1962

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

Allen C. McGhee

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.