

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13600

State File No.

APR 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (In this place) <u>24 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		<u>6661</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West-14th St</u>				d. STREET ADDRESS (If rural, give location) <u>West-14th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Pinkey</u> c. (Last) <u>Watkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14 1952</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>26-Oct-1899</u>	
9. AGE (In years last birthday) <u>52</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Miller-Co-Mo</u>	
12. COUNTRY OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>James-B-Watkins</u>		13b. MOTHER'S MARYDEN NAME <u>BATHONA-McCubbins</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia-Watkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Georgia-Watkins</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardialis chr.</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>Chn. Bronchial asthma</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>NONE</u>		21f. HOW DID INJURY OCCUR? <u>NONE</u>			
22. I hereby certify that I attended the deceased from <u>Jan 19⁵²</u> to <u>April 14, 1952</u> , that I last saw the deceased alive on <u>Apr 13, 1952</u> , and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. O. Shelton</u> (Degree or title) <u>M.D.U</u>				23b. ADDRESS <u>Eldon - Mo</u>		23c. DATE SIGNED <u>15 April 52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>17 April 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Point -</u>		24d. LOCATION (City, town, or county) (State) <u>Miller-Co-Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 16, 1952</u>		REGISTRAR'S SIGNATURE <u>Alvarado Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Faye</u>		ADDRESS <u>Eldon Mo</u>	

(Licensed Embalmer's Department on Reverse Side)

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

661



APR 2 1932

CO. HEALTH DEPARTMENT

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.