

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9294**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 446L Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bismarck</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bismarck</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0940</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORNELIUS</u> b. (Middle) <u>O.</u> c. (Last) <u>WATKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 10 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> OR DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb. 27 1858</u>
9. AGE (In years last birthday) <u>97</u>		10. MONTHS <u>0</u>	11. DAYS <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Granada Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>##</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>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. F. Schroeder, Bismarck Mo.</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
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"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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"/>	
21f. HOW DID INJURY OCCUR? <u>none</u>		22. I hereby certify that I attended the deceased from <u>March 4, 1955</u> to <u>3-9</u> , 1955, that I last saw the deceased alive on <u>3-9</u> , 1955, and that death occurred at <u>309</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Guys White</u> (Degree or title)		23b. ADDRESS <u>Bismarck MO</u>	
23c. DATE SIGNED <u>3-10-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>3-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Hopewell Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White</u> ADDRESS <u>White Funeral Home, Lronton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 10, 1955</u>		REGISTRAR'S SIGNATURE <u>289-9</u> <u>Esther Rudloff</u>	

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

0940

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 Paul J. White

Licensed Embalmer No. 3012

P. O. Address Imperial, 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.