

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21862**

FILED JUL 18 1955
BIRTH NO. **46123-55** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **610**

1. PLACE OF DEATH a. COUNTY GREEN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY OR TOWN SPRINGFIELD		c. CITY OR TOWN NEOSHO	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL		e. STREET ADDRESS (If rural, give location) 0737	

3. NAME OF DECEASED (Type or Print) CYSANDROS	a. (First) L.	b. (Middle) WATKINS	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JULY 11. 1955
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5. SEX FEMALE	6. COLOR OR RACE BLACK	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH JULY 8. 1955	9. AGE (In years last birthday) —	10. UNDER 1 YEAR Months — Days 3	11. UNDER 24 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) FT. CROWDER MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MARSHALL WATKINS	13b. MOTHER'S MAIDEN NAME CALLIE L. BARNES	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MARSHALL WATKINS	ADDRESS FT. CROWDER 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 7625		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 **7-9-55 12:48 PM**, 19**55**, to **7-11-55 10:05 AM**, 19**55**, that I last saw the deceased alive on **7-11-55**, 19**55**, and that death occurred at **10:22 AM**, from the causes and on the date stated above.

23a. SIGNATURE Paul Busiet	(Degree or title) M.P.	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 7/13/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 7-11-1955	24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL	24d. LOCATION (City, town, or county) (State) NEOSHO MISSOURI
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DATE REC'D BY LOCAL REG. 7-15-55	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Dorley Thompson	ADDRESS Neosho Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 486

P. O. Address Nashville, Tenn.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.