.300
.48

THE DIVISION OF HEALTH OF MISSOURI

FILED OCT 26 1956

# STANDARD CERTIFICATE OF DEATH

State File No. 36732

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6III Registrar's No. 159

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Commerce Twp
c. LENGTH OF STAY (in this place) 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home 1½ Mi N. of Commerce

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Commerce Twp
d. STREET ADDRESS (If rural, give location) 1½ Miles N. of Commerce

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) (N.M.N.) c. (Last) WATKINS

4. DATE OF DEATH (Month) Oct (Day) 11, (Year) 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 25, 1883
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Jonesboro, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hoover
13b. MOTHER'S MAIDEN NAME Don't Know
14. NAME OF HUSBAND OR WIFE Elbert A. Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. A. Watkins Commerce Mo

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) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH 12 days.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio-Sclerosis — 2 years
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION — 331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — NO
21b. PLACE OF INJURY (e.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) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 9-30, 1956, *to* Oct 11, 1956 *that I last saw the deceased alive on* Oct 6, 1956 *and that death occurred at* 11:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS 234 N. Spring Cape Girardeau, Mo
23c. DATE SIGNED 10.12.56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-14-56
24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem
24d. LOCATION (City, town, or county) (State) Commerce Missouri

DATE REC'D BY LOCAL REG. 10-15-56
REGISTRAR'S SIGNATURE Miss Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cuspling Hoff Funeral Home Illmo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

9
8

DATE RECEIVED OCT 22 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1056-217

## 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 Oliver C Amick

Licensed Embalmer No. 4470

P. O. Address Illmo. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.