

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8949
State File No. 1059

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo.		c. CITY OR TOWN Clinton	
c. LENGTH OF STAY (in this place) 6 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph		e. STREET ADDRESS (If rural, give location) 615 So. Carter	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Silas	b. (Middle) Jesse	c. (Last) Watkins	Mar. 3		1956 1957

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15, 1889	9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 66 68
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesmen	10b. KIND OF BUSINESS OR INDUSTRY Merchandising	11. BIRTHPLACE (City and State or Foreign Country) LaMar Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William G. Watkins	13b. MOTHER'S MAIDEN NAME Linnie Jane Daniels	14. NAME OF HUSBAND OR WIFE May Watkins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-059405	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS May Watkins Clinton 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cancer of Left Lung		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Post operative Neurotomy		
	DUE TO (c) Hemoplogia Post-Oper		16 1/2
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemoplogia Post-Oper		2 days

19a. DATE OF OPERATION 3/28/57	19b. MAJOR FINDINGS OF OPERATION Cancer of Left Lung	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Clinton Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **2/26/57**, to **3/3/57**, that I last saw the deceased alive on **3/3/57**, and that death occurred at **1:57 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) W. W. Buckingham MD.	23b. ADDRESS 314 Post Bldg	23c. DATE SIGNED 3/4/57
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24a. BURIAL OR CREMATION (Specify) Burial	24b. DATE 3/5/57	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton Mo.
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DATE REC'D BY LOCAL REG. 3-6-57	REGISTRAR'S SIGNATURE new minshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Nickman & Daney Clinton Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. W. Buckingham

MAR 24 1958

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.....
R. L. Dunning

Licensed Embalmer No. *4719*

P. O. Address *Clinton*

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.