

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28997

FILED SEP 5 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5946 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>PHELPS.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Phelps</b>	
b. CITY OR TOWN <b>RURAL - So. Meramec Twp</b>	c. LENGTH OF STAY (In this place) <b>15 years</b>	c. CITY OR TOWN _____	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>R.R. #1, ST. JAMES, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>R.R. #1, ST. JAMES, MO</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>FREDRICK</b>	c. (Last) <b>WATKINS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 27, 1957</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 18, 1872</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months _____ Days _____	IF 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) <b>BLACKSMITH (RET.)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>BLACKSMITH SHOP</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DENT COUNTY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>AMIE WATKINS</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>AMIE WATKINS, etc 1, ST. JAMES, MO.</b>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH _____
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) <b>4200</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 **June, 1957** to **Aug., 1957**, that I last saw the deceased alive on **Aug. 17, 1957**, and that death occurred at **8:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Salem, Mo.</b>	23c. DATE SIGNED <b>8/28/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL &amp; BURIAL</b>	24b. DATE <b>Aug. 30, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CARTY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>DENT COUNTY Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-29-57</b>	REGISTRAR'S SIGNATURE <b>Ruth B. Proell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Max E. Wapfel</b>	ADDRESS <b>Salem, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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HELPS COUNTY HEALTH DEPT

BOX 566 ROLLA, MO.

9-4-57

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 Max L. Waibel

Licensed Embalmer No. 4179

P. O. Address Helms

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.