

Health, Welfare, Public Service

FILED OCT 8 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>		Length of stay in lb <u>MM</u>	d. STREET ADDRESS (If outside, give location) <u>307 S. Oak Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Eula</u> Middle <u>H</u> Last <u>Watkins</u>			4. DATE OF DEATH Month <u>September</u> Day <u>20</u> Year <u>1957</u>		
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>September 26 1900</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Hospital No. 3</u>	11. BIRTHPLACE (City and state or country) <u>Oskaloosa, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Hiram Richard Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Holman</u>		14. NAME OF HUSBAND OR WIFE <u>J. F. Watkins</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>493-38-6432</u>	17. INFORMANT <u>John A. Watkins</u>		Address <u>444 N. 29th Kansas City, Kans.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>General Carcinomatosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cancer of Cervix & Vaginal Mucosa</u>					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>August, 1957</u> to <u>Sept. 1957</u> and last saw her/him alive on <u>Sept. 20, 1957</u> Death occurred at <u>8:45</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>F. L. Hunter M.D.</u>			22b. ADDRESS <u>218 E. Hunter Nevada, Mo.</u>		22c. DATE SIGNED <u>9-23-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1957 September 23</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Virgil City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Vernon County Missouri</u>	
24. FUNERAL DIRECTOR <u>Ferry Funeral Home, Nevada, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-2-1957</u>	26. REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *L. Douglas Ferry*

Licensed Embalmer No. *4960*

P. O. Address *Newbury, Md*

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.