Health, Welfare Public Service

300 0 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-047281

FILED JAN 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12084

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes [#] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 09 De Paul Hospital — Length of stay in 1b: 2 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Ferguson 4009 0 — Inside Limits: Yes [#] No [ ]
d. STREET ADDRESS (If outside, give location): 27 424 S. Clark — Reside on Farm: Yes [ ] No [#]

3. NAME OF DECEASED (Type or print): First MAGGIE Middle Last WATKINS

4. DATE OF DEATH: Month Dec. Day 14 Year 1958

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [#] 2 DIVORCED [ ]
8. DATE OF BIRTH: Feb. 17, 1882
9. AGE (In years last birthday): 76 — 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: Home
11. BIRTHPLACE (City and state or country): Butler, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James M. Yelton
13b. MOTHER'S MAIDEN NAME: Georgetta Record
14. NAME OF HUSBAND OR WIFE: Charles F. Watkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Margaret Mitchell, Ferguson, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 171X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [#] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 June 1955, to Dec 14, 1958 and last saw her alive on Dec 14, 1958
Death occurred at 1:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M D Johnson M D (Degree or title)
22b. ADDRESS: Ferguson Mo
22c. DATE SIGNED: 12-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-17-58
23c. NAME OF CEMETERY OR CREMATORY: Unity Cemetery
23d. LOCATION (City, town, or county) (State): Benton City, Missouri

24. FUNERAL DIRECTOR: WHITE-MULLEN MORTUARY, FERGUSON, MO. — ADDRESS
25. DATE RECD. BY LOCAL REG.: DEC 15 '58
26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Eleanor Bovine

Licensed Embalmer No. 3403

P. O. Address Jamaica N.

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.