

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000066

State File No.

300
48

FILED JAN 20 1959

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. _____ Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Craig</u> 0440	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>			
3. NAME OF DECEASED a. (First) <u>AMOS</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Watkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12, 1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 19, 1897</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Fairfax, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin F. Watkins</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Ellen Taylor</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Esther Watkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-42-4914</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Esther Watkins - Craig, Mo.</u>		ADDRESS	
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* (a) <u>Primary Carcinoma of the Liver</u>			
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? <u>1</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>1550</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/7/59</u> , 19 <u>59</u> , to <u>1/12/59</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>1/12/59</u> , 19 <u>59</u> , and that death occurred at <u>8 1/2 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Medeneger, MD</u> (Degree or title)		23b. ADDRESS <u>Craig, Mo</u>	
23c. DATE SIGNED <u>1/14/59</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 14, 1959</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>J.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Craig, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 16, 1959</u>		REGISTRAR'S SIGNATURE <u>Thermin H. Schaefer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Schaefer</u>		ADDRESS <u>Craig, Mo.</u>	

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.....

myself

working under my personal supervision.

Student Embalmer No.....

Signed.....

Wilber L. Scholes

Signed.....
Student Embalmer

Licensed Embalmer No.....

3997

P. O. Address.....

Craig, Mo.

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

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