Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002215
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 231 Primary Registration District No. 4342 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): JONESBURG — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY: MONTGOMERY
c. CITY OR TOWN: JONESBURG — Inside Limits: Yes ☒ No ☒
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

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

4. DATE OF DEATH: Month 1 — Day 18 — Year 59

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: June 26 1880

9. AGE (In years last birthday): 70 — 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):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Montgomery County Mo

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: W. H. Watkins

13b. MOTHER'S MAIDEN NAME: Alvina Lagemann

14. NAME OF HUSBAND OR WIFE: Stella 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.: 497-10-5027

17. INFORMANT: Stella Watkins — Address: Jonesburg Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of the Stomach.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 151X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 10-1-54 to 1-18-59 and last saw him alive on 1-17-59
Death occurred at 1-18-59 11:15 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. Walker Engemann MD

22b. ADDRESS: Warrenton Mo

22c. DATE SIGNED: 1-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-20-59

23c. NAME OF CEMETERY OR CREMATORY: Jonesburg

23d. LOCATION (City, town, or county): Jonesburg — (State): MO

24. FUNERAL DIRECTOR: C. A. Hardy — ADDRESS: Jonesburg MO

25. DATE RECD. BY LOCAL REG.: 1-26-59

26. REGISTRAR'S SIGNATURE: Laura L Calloway

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1959
FEB 4 1959

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 Earl H. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg, Mo.

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.