Health, Welfare Public Service

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1-57

FILED APR ... 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008529
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Methodist Hosp. — Length of stay in 1b 57 yrs.	d. STREET ADDRESS (If outside, give location) 2227 No. 22nd St., — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Ozbert Middle Worthington Last Watkins Sr.		4. DATE OF DEATH Month April Day 2, Year 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Feb. 19, 1888
9. AGE (In years last birthday) 71	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) Self employed	10b. KIND OF BUSINESS OR INDUSTRY Lawyer	11. BIRTHPLACE (City and state or country) Eureka Springs, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Osborne Worthington Watkins	13b. MOTHER'S MAIDEN NAME Mary Barkley	14. NAME OF HUSBAND OR WIFE Elizabeth Attrill Watkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 496-42-4262	17. INFORMANT Address Mrs. Elizabeth A. Watkins, St. Joseph, Mo.	

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) Cardiac Shock — INTERVAL BETWEEN ONSET AND DEATH 9 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic and Rheumatic Heart

DUE TO (c) disease (inactive) 4268 — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Enlarged heart; Mitral Stenosis - Insufficiency; Aortic Stenosis - Insufficiency; Atrial fibrillation; Mural Thrombi; Systemic Emboli;

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Feb. 1956, to April 2, 1959 and last saw him alive on April 2, 1959

Death occurred at 6:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Caryl A. Potter Jr. M.D.	22b. ADDRESS Suite 301 Phys. and Surg. Bldg. St. Joseph, Missouri	22c. DATE SIGNED 4-3-1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	23b. DATE Apr. 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum
23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		
24. FUNERAL DIRECTOR Meeckoffer-Freeman Inc. by [illegible]	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 7, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.
Dr. Caryl A. Potter Jr.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 14 1961

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 .....

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.