THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009727

STATE FILE NUMBER 1559

Filed APR 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Trinity Lutheran — Length of stay in 1b: 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Northwest
c. CITY OR TOWN: Tarkio — Inside Limits: Yes No
d. STREET ADDRESS (If outside, give location): 5 mi. S.E. Tarkio — Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print): First: Cynthia Middle: Last: Watkins

4. DATE OF DEATH: Month: Mar. Day: 21 Year: 1959

5. SEX: Female **6. COLOR OR RACE**: White **7.** MARRIED X NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH: 12.24.1891

9. AGE (In years last birthday): 67 — 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: Housewife
11. BIRTHPLACE (City and state or country): Cabool, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Albert Reed
13b. MOTHER'S MAIDEN NAME: Sarah Pool
14. NAME OF HUSBAND OR WIFE: Wallace 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.: None
17. INFORMANT: Wallace Watkins, Address: Tarkio, 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) arterial emboli (iliac bilateral) — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) auricular fibrillation and — 3d
DUE TO (c) cardiac decompensation
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4381

19. WAS AUTOPSY PERFORMED? YES X 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 3-20-59, to 3-21-59 and last saw her alive on 3-21-59
Death occurred at 7:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] MD (Degree or title)
22b. ADDRESS: 701 E 63, KC, Mo
22c. DATE SIGNED: 3-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Mar. 21, 1959
23c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
23d. LOCATION (City, town, or county) (State): Tarkio, Missouri

24. FUNERAL DIRECTOR ADDRESS: Stine & McClure, Kansas City, Missouri
25. DATE RECD. BY LOCAL REG.: 3-25-59
26. REGISTRAR'S SIGNATURE: Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

F. H. Hartwig

12:30 + 1 p.m.
2118 Lumpt

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 William M. Turner

Licensed Embalmer No. 4640

P. O. Address Kansas City

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.