Health, Welfare Public Service 32 300 1-57 1

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010001
STATE FILE NUMBER

FILED APR 14 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lebanon — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 292 Hoover — Length of stay in 1b: 13 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon 0532 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 292 Hoover — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Lynn — Middle Duane — Last Watkins
4. DATE OF DEATH: Month Apr. Day 3 Year 1959
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: Feb. 9, 1874
9. AGE (In years last birthday): 85 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Coldspring, N. Y
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: George W. Watkins
13b. MOTHER'S MAIDEN NAME: Elvira Snow
14. NAME OF HUSBAND OR WIFE: Jessie Watkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-05-4208
17. INFORMANT: Mark Westerfield, Lebanon, Mo. — Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4000
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 1-6-55 to 4-3-59 and last saw him alive on 4-1-59
Death occurred at 3:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: B B Hurst (Degree or title) M.D.
22b. ADDRESS: Lebanon, Mo.
22c. DATE SIGNED: 4-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/7/59
23c. NAME OF CEMETERY OR CREMATORY: Lebanon Cem.
23d. LOCATION (City, town, or county) (State): Lebanon, Mo.
24. FUNERAL DIRECTOR: S.R. Palmer — ADDRESS: Lebanon, Mo
25. DATE RECD. BY LOCAL REG.: 4-7-1959
26. REGISTRAR'S SIGNATURE: Willa L. Hay

(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.

Date Filed APR 13 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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon Me

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.