

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021756

STATE FILE NUMBER

FILED JUL 13 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3189

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION lindman nursing home		d. STREET ADDRESS (If outside, give location) 6124 WARD PARKWAY	
Length of stay 2 mos.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last LENA RACHEL WATKINS			4. DATE OF DEATH Month Day Year JUNE 28, 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 1, 1865		9. AGE (In years) 95 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) SPRINGFIELD, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN COPPAGE		13b. MOTHER'S MAIDEN NAME PHOEBE A. CLARK		14. NAME OF HUSBAND OR WIFE JAMES HENRY WATKINS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address ROLAND MARTIN WATKINS 4305 HARRISON		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>20 years</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Generalized Arteriosclerosis & Scurvy</i>		<i>20 years</i>
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4200</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>1956</i> to <i>1959</i> and last saw her alive on <i>7 days prior to death</i> Death occurred at <i>4:30 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		

22. SIGNATURE (Degree or title) <i>C. Leslie Thompson M.D.</i>		22b. ADDRESS <i>411 Nichols Road K.C., Mo.</i>	22c. DATE SIGNED <i>6-29-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JUNE 30, 1959	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	23d. LOCATION (City, town, or county) (State) HUMBOLT, KANSAS
24. FUNERAL DIRECTOR 1331 BRUSH CREEK BLVD. D. W. NEWCOMER'S SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. <i>6-29-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Munsell</i>

C. Leslie Thompson Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Raymond M. Hardy*

Licensed Embalmer No. *4913*

P. O. Address *Indep, 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.