Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023929
STATE FILE NUMBER

FILED JUN 16 1959 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Washington Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital # 3 Length of stay in 1b 29 days

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

3. NAME OF DECEASED (Type or print) First Lizzie Middle Last Watkins
4. DATE OF DEATH Month Day Year 5-26-1959
5. SEX Female
6. COLOR OR RACE W.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8-30-1876
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 8 Days 26 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 none
11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY? America
13a. FATHER'S NAME Dempewolf
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Jim 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 Address Adm. Papers, State Hosp. # 3, Nevada, 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) Coronary Vessel Disease — INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atheromatous Sclerosis — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
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 4-27-59, to 5-26-59 and last saw her alive on 5-26-59
Death occurred at 12:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George Esker M.D.
22b. ADDRESS State Hospital # 3, Nevada, Mo.
22c. DATE SIGNED 5-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 5/26/59
23c. NAME OF CEMETERY OR CREMATORY Salem Cem.
23d. LOCATION (City, town, or county) Cliquot Polk (State) Mo.

24. FUNERAL DIRECTOR Pitts Funeral Home ADDRESS Bolivar, Mo
25. DATE RECD. BY LOCAL REG. 6-8-1959
26. REGISTRAR'S SIGNATURE Amal E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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. 4853

P. O. Address ..... Mass.

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.