URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-047091

ILED VS JAN 3 1961

STATE FILE NUMBER

NDED

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 143

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar — Length of stay in 1b 10 Mo
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 704 E Division — Inside Limits Yes ☐ No ☐

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) 704 E Division — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Walter Middle Herbert Last Watkins

4. DATE OF DEATH Month Dec Day 17 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 29-83
9. AGE (last birthday) 77 — IF UNDER 1 YEAR Months 4 Days 18 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Cross Timbers
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Perry Martin Watkins
13b. MOTHER'S MAIDEN NAME Arzora Watson
14. NAME OF HUSBAND OR WIFE Edna Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 495-40-6232
17. INFORMANT Edna Watkins Address 704 E Division Bolivar, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Dec 15, to Dec 17 60 and last saw her/him alive on Dec 15 1960
Death occurred at 6:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D C McCrain MD
22b. ADDRESS Bolivar Mo
22c. DATE SIGNED Dec 28, 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec 19-60
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State) Bolivar Mo.

24. FUNERAL DIRECTOR Gilbert Hathaway ADDRESS Wheatland Mo
25. DATE RECD. BY LOCAL REG. Dec 26 1960
26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

FEB 15 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chas Gilbert Hathaway

Signature of Student Embalmer

Licensed Embalmer No. 4267

P. O. Address Wheatland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.