

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017859

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2487

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

FILED JUN 5 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 1 mo 19 day
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION H.C. Tuberculosis Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Kansas b. COUNTY Wyandotte
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3321 No. 57th St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Thomas Middle Watkins Last Watkins
 4. DATE OF DEATH Month 5 Day 18 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 9-7-1904 9. AGE (last birthday) 56 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) refrigeration 10b. KIND OF BUSINESS OR INDUSTRY Wilson Packing Co. 11. BIRTHPLACE (City and state or country) Lora Missouri 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Sylvester Watkins 13b. MOTHER'S MAIDEN NAME Frances Prickell 14. NAME OF HUSBAND OR WIFE Lacie 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. 17. INFORMANT Address Lacie Watkins 3321 No. 57th St.

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 Occlusion INTERVAL BETWEEN ONSET AND DEATH
 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) Pulmonary Tuberculosis 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 March 29, 1961 to May 18, 1961 and last saw him alive on May 18, 1961
 Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) Edward P. Altomare, M.D. 22b. ADDRESS H.C. I.B. Hospital 22c. DATE SIGNED 5-18-1961

23a. BURIAL OR CREMATION, REMOVAL (Specify) Burial 23b. DATE May 19, 1961 23c. NAME OF CEMETERY OR CREMATORY Barry Cemetery 23d. LOCATION (City, town, or county) (State) Barry Missouri

24. FUNERAL DIRECTOR ADDRESS Ralph Fulton, Kansas City, Kansas 25. DATE RECD. BY LOCAL REG. 5-19-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 Ralph E. Fulton

Licensed Embalmer No. 3030

P. O. Address KEK

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.