

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023389

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

773

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 26 1963

VS 300  
Rev. 4/59

5117  
3158

3  
4 0  
5 0  
6  
7 1  
8 0  
9 199.2  
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11  
12 93-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St Joseph</i>		Length of stay in lb <i>9 years</i>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>State Hosp. # 2</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1112 Admiral Blvd</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Barney Allen Watkins</i>		4. DATE OF DEATH Month Day Year <i>6-23-63</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-5-1912</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nil</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Wagoning</i>	9. AGE (last birthday) <i>51</i>
13a. FATHER'S NAME <i>(R)</i>		14. NAME OF HUSBAND OR WIFE <i>Single</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or times) <i>No</i>		17. INFORMANT <i>Records State Hosp. # 2</i>	
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>Metastatic Carcinomatosis</i> <i>Primary site undetermined</i> DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <i>Over 1 Mo.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (s) <i>Schizophrenia</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 s.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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>2/16/44</i> to <i>6/23/63</i> and last saw him alive on <i>6/22/63</i> Death occurred at <i>11:20 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Agoston Smith M.D.</i>		22b. ADDRESS <i>State Hosp # 2</i>	22c. DATE SIGNED <i>6/23/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Ashland</i>	23b. DATE <i>6-24-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ashland</i>	23d. LOCATION (City, town, or county) <i>St Joseph Mo</i>
24. FUNERAL DIRECTOR <i>Beatrice Gray</i>		25. DATE RECD. BY LOCAL REG. <i>June 24, 1963</i>	REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>

Permit issued 6-29-63

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**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 Eugene Miles

Licensed Embalmer No. 3623

P. O. Address Atchison, Kans.

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.