

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-048475

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 244

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 26 1963

VS 300
Rev. 4/59

10497
20490

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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage	
Length of stay in 1b 48 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOA McCune-Brooks Hosp		d. STREET ADDRESS (If outside, give location) Route 1	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MERRILL Middle LEE Last WATKINS			4. DATE OF DEATH Month Dec Day 21 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-2-63
9. AGE (last birthday) 18		IF UNDER 1 YEAR Months 1 Days 18 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Carthage, Mo
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Sherrill Watkins	
13b. MOTHER'S MAIDEN NAME Carol Fisher		14. NAME OF HUSBAND OR WIFE Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Sherrill Watkins R 1 Carthage,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) apparently unknown natural causes DUE TO (b) history of virus with vomiting & diarrhea DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH less than 24 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dehydration			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 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. Month, Day, Year 		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 Carthage, Mo	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 11-2-63 to 12-21-63 and last saw him alive on 12-20-63 Death occurred at 7 A M on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Local Registrar	
22b. ADDRESS Carthage, Mo 9		22c. DATE SIGNED 12-21-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-23, 1963	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR ADDRESS Knell Mortuary Carthage, Mo		25. DATE RECD. BY LOCAL REG. 12-21-63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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

Robert H. Kneel

Licensed Embalmer No. 4459

P. O. Address Carthage 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.