5. No. 300
7. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20305

State File No.

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 31

67
20

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Prairie
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miss
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Prairie
d. STREET ADDRESS (If rural, give location): 5

3. NAME OF DECEASED (Type or Print)
a. (First): CECIL
b. (Middle): BLANCH
c. (Last): WATSON

4. DATE OF DEATH (Month) (Day) (Year): MAY 30 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 26, 1896
9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months: 11 Days: 4
IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Blodgett, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Joseph D. O'Connor
13b. MOTHER'S MAIDEN NAME: Dora Inscore
14. NAME OF HUSBAND OR WIFE: Leslie C. Watson
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.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterio-sclerosis — 4 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 30, 1949, *to* May 30, 1949, *that I last saw the deceased alive on* May 30, 1949, *and that death occurred at* 2:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. G. Martin MD
23b. ADDRESS: East Prairie Mo
23c. DATE SIGNED: 6-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 1, 1949
24c. NAME OF CEMETERY OR CREMATORY: L. O. O. F.
24d. LOCATION (City, town, or county) (State): Charleston, Mo.

DATE REC'D BY LOCAL REG.: 7-6-49
REGISTRAR'S SIGNATURE: Gertrude G. Harper
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Travis Shelby East Prairie

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 749-3364
Date Filed JUL 11 1949

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.

Signed ..... Student Embalmer

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie

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 this body is not embalmed, fact should be so stated above.