

FILED NOV 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34500

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give town OR Rural - Osage Township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Osage Township	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 1 1/2 Miles SW Gravois Mills, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle) W.	c. (Last) WATSON	4. DATE OF DEATH (Month) (Day) (Year) Oct 21 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 1, 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 1 Days 20	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Mass.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alex Watson	13b. MOTHER'S MAIDEN NAME Hutchins	14. NAME OF HUSBAND OR WIFE Emma C. Faley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs Mary E. Mitchell-Gravois Mill	ADDRESS 240
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr many years 4/6 yr years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation	DUE TO (b) Rheumatic heart disease	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 10**, 1949, to **Oct 21**, 1949, that I last saw the deceased alive on **Oct 19**, 1949, and that death occurred at **3 1/2** m., from the causes and on the date stated above.

23a. SIGNATURE J. L. Washburn M.D. (Degree or title)	23b. ADDRESS Versailles Mo.	23c. DATE SIGNED 10/24/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 23rd Oct '49	24c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery	24d. LOCATION (City, town, or county) (State) Jackson County, Mo.
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DATE REC'D BY LOCAL REG. Oct 24 - 1949	REGISTRAR'S SIGNATURE J. L. Washburn, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. F. Whittell	ADDRESS Versailles, Mo.
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Per **V. O. N. Denton** (Licensed Embalmer's Statement on Reverse Side)

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

NOV 1949
RECEIVED
District Health Officer No. **7,**
District File Number **9-49-120**
Date Filed **10-31-49**

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

E. D. Bastram

Licensed Embalmer No. **4021**

P. O. Address **Versailles, 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 this body is not embalmed, fact should be so stated above.