No. 300
10.48

FILED JAN 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41629

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 245

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

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
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): McLarney Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
d. STREET ADDRESS (If rural, give location): 704 W. Wood

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

4. DATE OF DEATH (Month) (Day) (Year): Dec - 23 - 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: May - 18 - 1866
9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR Months: 8 Days: 5 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St Croy Co Wis
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Nathaniel S. Libby
13b. MOTHER'S MAIDEN NAME: Sarah L Freeman
14. NAME OF HUSBAND OR WIFE: Isaac Watsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Hazel Minor
ADDRESS: Brookfield Mo

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): Cerebral Hemorrhage - Gangrene
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteria Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 month; 8 yrs; 331X

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* Aug 22, 1949, *to* Dec 22, 1949, *that I last saw the deceased alive on* Dec 23, 1949, *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy R Haley M.D.
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: 12.26.49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-27-49
24c. NAME OF CEMETERY OR CREMATORY: Laclede Cemetery
24d. LOCATION (City, town, or county) (State): Laclede Mo

DATE REC'D BY LOCAL REG.: 12-27-49
REGISTRAR'S SIGNATURE: W. B. Erwin
25. FUNERAL DIRECTOR'S SIGNATURE: Kill Funeral Home
ADDRESS: Brookfield Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 4 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 .....
Student Embalmer

Signed J. K. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.