

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

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7657**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **5117** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia, Mo.</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>111 McBaine Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>20 Mi. S. Columbia, Mo</b>			

3. NAME OF DECEASED (Type or Print) <b>Robert Lee Watson</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>March 3, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>10-28-1933</b>	9. AGE (In years last birthday) <b>16</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>High School</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	11. BIRTHPLACE (State or foreign country) <b>Willow Springs, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>Allen H. Watson</b>	13b. MOTHER'S MAIDEN NAME <b>Annie L Adams</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>497-32-5485</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Allen H Watson, 111 McBaine Ave.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive hemorrhage</b>		<b>Sudden</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Captured spleen, kidney (left), lung and diaphragm</b>		<b>sudden</b>
DUE TO (c) <b>Separation thoracic vertebrae, calvarium, cut vessels.</b>		<b>sudden</b>	<b>16 8 26</b>
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 <b>N/A</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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, etc.) <b>Home 63 S. of Columbia</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cedar Town Boone Mo</b>
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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? <b>Hi way 63 - Automobile</b>
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22. I hereby certify that I attended the deceased from **November 19**, 19**49**, to **March 3**, 19**50**, that I last saw the deceased alive on **March 3**, 19**50**, and that death occurred at **11:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Harry W. Griffith, M.D. Coroner</b>	(Degree or title)	23b. ADDRESS <b>Columbia, Missouri</b>	23c. DATE SIGNED <b>Mar. 5, 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-6-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Columbia Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 6, 1950</b>	REGISTRAR'S SIGNATURE <b>Ms. Mildred Burnett</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Pollock</b>	ADDRESS <b>B. C. Willett, Columbia, Missouri</b>
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District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED MAR 14 1950

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 *Lyman H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.