

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11877

State File No.

BIRTH NO. ... REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5093 Registrar's No. 13

0070

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

| | | | |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>BATES</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BATES</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUTLER - RURAL - NEW-HOME</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUTLER - RURAL - NEW-HOME</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>8 MILES STH WEST BUTLER</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME BUTLER R.R. 5</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>WILLIAM</u> | | b. (Middle) <u>GATWOOD</u> | |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY - 2 - 1950</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>MAY - 2 - 1950</u> |
| 9. AGE (In years last birthday) | 10. UNDER 1 YEAR Months | 11. UNDER 24 HRS. Hours | 12. CITIZEN OF WHAT COUNTRY? <u>5</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>BUTLER - R.R. 5</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>JACK WATSON</u> | | 13b. MOTHER'S MAIDEN NAME <u>RACHEL JACKSON</u> | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>E. BACKER</u> | | 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immature Birth</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>May 8</u> , 1950, to <u>May 7</u> , 1950, that I last saw the deceased alive on <u>May 2</u> , 1950, and that death occurred at <u>9:15</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | 23b. ADDRESS <u>[Address]</u> | |
| 23c. DATE SIGNED <u>May 7 1950</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>5/2/50</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>CARBON-CENTER</u> | | 24d. LOCATION (City, town, or county) (State) <u>MO</u> | |
| DATE REC'D BY LOCAL REG. <u>May 2 1950</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Booth General Service</u> | |

RECEIVED 5.4.57
District Health Officer No. 7
District File Number 4.57-460
Date Filed 5.4.57

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 _____

NOT EMBALMED

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.