V.S. No. 300
REV. 10.48

047 0
S

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

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12805

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural—Arcadia
c. LENGTH OF STAY (in this place): 1 mo-18 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Home for Aged Baptists

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural—Arcadia 0470
d. STREET ADDRESS (If rural, give location): 1½ Miles on Highway 70 East

3. NAME OF DECEASED (Type or Print): a. (First) Wilbur b. (Middle) Winfield c. (Last) Watson

4. DATE OF DEATH (Month) (Day) (Year): April, 4, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 22, 1860
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 6, Days 13 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: William Watson
13b. MOTHER'S MAIDEN NAME: Do not know
14. NAME OF HUSBAND OR WIFE: Hattie June Callihan

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.: None
17. INFORMANT'S SIGNATURE OR NAME: J. H. Burney — **ADDRESS**: Ironton, 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 — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) virus pneumonia — 4 days
DUE TO (c) — 492X

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

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* 3-20-50, 19___, *to* 4-4-50, 19___, *that I last saw the deceased alive on* 4-4-50, 19___, *and that death occurred at* 2:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE R. E. Garland (Degree or title) M. D.
23b. ADDRESS: 118 N. Main St., Ironton, Mo.
23c. DATE SIGNED: 4-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-5-50
24c. NAME OF CEMETERY OR CREMATORY: Baptist Home-Private
24d. LOCATION (City, town, or county) (State): Ironton Mo.

DATE REC'D BY LOCAL REG.: April 19, 1950
REGISTRAR'S SIGNATURE: Mrs Ann Jones 128
25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home **ADDRESS** Ironton Mo.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-583

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 Lucile J. White

Licensed Embalmer No. 3012

P. O. Address Gordon Nebr.

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.