

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15985

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 592

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH	c. LENGTH OF STAY (In this place) 1 DAY	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FOREST CITY <u>0445</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI METHODIST HOSP.		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) BONNIE	b. (Middle) ELIZA BETH	c. (Last) WATSON	4. DATE OF DEATH (Month) (Day) (Year) MAY 19 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 20, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) FOREST CITY, MISSOURI	12. CITIZENSHIP OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ANDREW J. JAMISON	13b. MOTHER'S MAIDEN NAME MARGARET ANN KUNKEL	14. NAME OF HUSBAND OR WIFE GEORGE WATSON
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. LEE BEAVERS	ADDRESS FOREST CITY, MISSOURI
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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, asphyxia, 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) Cerebral Embolism		Instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tachycardia supraventricular		2 days
DUE TO (c) Arteriosclerotic Heart Disease		2 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia lobar		2 months	

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) 4200
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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?
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22. I hereby certify that I attended the deceased from 5-18-50, 1950, to 5-19-50, 1950, that I last saw the deceased alive on 5-19-50, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS 207045 Bldg. St. Joseph, Mo	23c. DATE SIGNED 5-20-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 21 1950	24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE	24d. LOCATION (City, town, or county) (State) OREGON MISSOURI
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DATE REC'D BY LOCAL REG. May 20, 1950	REGISTRAR'S SIGNATURE [Signature]	38% [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Oregon Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 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 James H. Pittjohr

Licensed Embalmer No. 3192

P. O. Address Oregon 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.