

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37910  
Registrar's No. 28

FILED DEC 8 1950

BIRTH NO. _____		REG. DIST. NO. <u>255</u>		PRIMARY REG. DIST. NO. <u>4387</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>GRANT</u> c. (Last) <u>WATSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 9, 1886</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Alton, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Alton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Watson</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Barrett</u>			14. NAME OF HUSBAND OR WIFE <u>Susie Watson</u>	
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. <u>490-18-2507</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emory Watson</u>		ADDRESS <u>Alton, Mo.</u>	
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Nov 5 1950</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Patrol Schenoni</u>							
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) (Min.)		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>Nov 5</u> , 19 <u>50</u> , to <u>Nov 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 7</u> , 19 <u>50</u> , and that death occurred at <u>7:26 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D W Cooper M.D.</u>				23b. ADDRESS <u>Wagon One</u>		23c. DATE SIGNED <u>11-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smyrna Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Alton, Rt. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 1-50</u>		REGISTRAR'S SIGNATURE <u>Mrs W C Johnson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Clare Carter</u>		ADDRESS <u>Thayer, Mo.</u>	

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

RECEIVED

DEC 6 1950

DISTRICT HEALTH OFFICE No.

to No. ....

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.....

working under my personal supervision.

Student Embalmer No. ....

Signed..... *Richard Carter*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4516*

P. O. Address *Shaw, 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.