

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 43557

FILED JAN 17 1951

0470
 5

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

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Ascadia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Ascadia</u> <u>0470</u>	
c. LENGTH OF STAY (in this place) <u>10 mo. 1 day</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. East on Highway 70.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for aged Baptists</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>June</u> c. (Last) <u>Watson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 2, 1867</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Her home</u>	11. BIRTHPLACE (State or foreign country) <u>Webster, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Simon Peter Callahan</u>		13b. MOTHER'S MAIDEN NAME <u>Pianna Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Wilbur W. Watson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. H. Busby, Ironton, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>intestinal carcinoma</u> (b) <u>(unspecifiable)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____			<u>?</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS <u>seizidity</u> Conditions contributing to the death but not related to the disease or condition causing death.			<u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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>11-28</u> , 19 <u>50</u> , to <u>12-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-16</u> , 19 <u>50</u> , and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. E. Harland, m. d. c.</u>		23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>12-26-50</u>
24a. BURIAL: CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Home Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ironton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 13, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Arizans</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>128</u> ADDRESS <u>White Funeral Home Ironton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No. 6

File 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

was not embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Amel White*

Licensed Embalmer No. *3012*

P. O. Address *District 1100*

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.