

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 5458

BIRTH NO. 82137-50 REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u> 0721	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Lee</u> c. (Last) <u>Watson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26, 1951</u>
5. SEX <u>Female</u> 3	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant (I)</u>	8. DATE OF BIRTH <u>Dec 25, 1950</u>
9. AGE (In years last birthday) <u>—</u> # UNDER 1 YEAR <u>2</u> # UNDER 1 MONTH <u>—</u> # UNDER 1 HOUR <u>—</u> # UNDER 1 MIN. <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Portageville Mo</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	
13a. FATHER'S NAME <u>Joe Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Mae Cooper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joe Watson</u>		ADDRESS <u>Portageville 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Whooping Cough</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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
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) <u>Portageville New Madrid Mo.</u>	
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>22 Feb</u> , 1951, to <u>24 Feb</u> , 1951, that I last saw the deceased alive on <u>24 Feb</u> , 1951, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. H. Hunter Jr., M.D.</u> (Degree or title)		23b. ADDRESS <u>Portageville Mo</u>	23c. DATE SIGNED <u>2-27-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (I)</u>	24b. DATE <u>Feb 26, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mason Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Point Pleasant Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 1, 1951</u>	REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u> 219	25. FUNERAL DIRECTOR'S SIGNATURE <u>Friends</u> ADDRESS	

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

0721

RECEIVED

MAR 12 1951

DISTRICT HEALTH OFFICE No. 6

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 \_\_\_\_\_

..... *Not Embalmed* .....

working under my personal supervision.

Student Embalmer No. ....

Signed .....

Signed.....  
Student Embalmer

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.