

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13165

BIRTH NO. 20344-51 REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mt Vernon Mo</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Aurora Mo. R. 1</u>	

3. NAME OF DECEASED (Type or Print) <u>ELAINE SUE WATSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-5-1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>April 2-1951</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR: Days <u>3</u>	IF UNDER 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Monett Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Leon Watson</u>	13b. MOTHER'S MAIDEN NAME <u>Gilean Bolin</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leon Watson Aurora Mo. R. 1</u>	
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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, ansthenia, 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* <u>(a) Congenital Hydrocephalus</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>752x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 April 2, 1951, to April 5, 1951, that I last saw the deceased alive on April 5, 1951, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. A. Holmes</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Mt Vernon Mo</u>	23c. DATE SIGNED <u>April 6, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 2, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cem</u>	24d. LOCATION (City, town, or county) (State) <u>4 miles N. of Mt Vernon Mo</u>
DATE REC'D BY LOCAL REG. <u>April 18, 1951</u>	REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>	411	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. O. Fossett Mt Vernon Mo</u>

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

550
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, APR 20 1951

Dist. File 437-848

Date Filed 4-20-51

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. me

working under my personal supervision.

Student
Student Embalmer

Signed W. D. Larnett

Licensed Embalmer No. 2201

P. O. Address mt Vernon 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.