

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27253

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3700
1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3578		
c. LENGTH OF STAY (in this place) 59 YEARS		d. STREET ADDRESS (If rural, give location) 3740 Monroe 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3740 Monroe				
3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) (none) c. (Last) Watterson		4. DATE OF DEATH (Month) (Day) (Year) 8-27-51		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-7-1892	9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sandstone Contractor		10b. KIND OF BUSINESS OR INDUSTRY son of C.D.		11. BIRTHPLACE (State or foreign country) Kansas City, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S.				
13a. FATHER'S NAME Thomas Watterson		13b. MOTHER'S MAIDEN NAME Selina Maddox		14. NAME OF HUSBAND OR WIFE Martha Ethel Watterson
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. 486-09-9699		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robt. E. Watterson, 405 + Overton
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung with regional and distant metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) regional and distant DUE TO (c) metastases II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH about 1 year 165X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of left lung		20. AUTOPSY? YES <input checked="" 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:03 P. M., from the causes and on the date stated above.				
23a. SIGNATURE Angelo Lapi (Degree or title) Angelo Lapi M.D.		23b. ADDRESS 101 Memorial Drive		23c. DATE SIGNED 8/28/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 29, 1951		24c. NAME OF CEMETERY OR CREMATORY Herald Hills Cemetery
24d. LOCATION (City, town, or county) Kansas City, Missouri				
DATE REC'D BY LOCAL REG. 8-29-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. H. Newcomb, Kansas City, Mo.

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

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 Raymond F. Hermann

Licensed Embalmer No. 4266

P. O. Address Kansas City, 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.