

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30845**

FILED OCT 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **317**

6440

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering</b>		d. STREET ADDRESS (If rural, give location) <b>3440 St. Marys</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)	<b>October 2, 1951</b>		
<b>William S. Watson</b>					

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 25, 1884</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 28 HRS. Days <b>7</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 1 MIN. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Superintendent B. of P. W. City of Hannibal</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Arbroath Scotland</b>	11. BIRTHPLACE (State or foreign country) <b>Scotland</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>David Watson</b>	13b. MOTHER'S MAIDEN NAME <b>Agnes Storrier</b>	14. NAME OF HUSBAND OR WIFE <b>Veda Ferguson Watson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. S. Watson</b>	ADDRESS <b>3440 St. Marys Hannibal Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <b>Heart Block.</b>		<b>1 week</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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
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22. I hereby certify that I attended the deceased from **9-21-51**, 19**51**, to **10-2-51**, 19**51**, that I last saw the deceased alive on **10-2-51**, 19**51**, and that death occurred at **11:25P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>100 N. Sixth, Hannibal Mo.</b>	23c. DATE SIGNED <b>10-3-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>10/6/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis, St Louis, Mo</b>
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DATE REC'D BY LOCAL REG. <b>10-4-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Hannibal Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 5 1951  
WARREN CO. HEALTH DEPT.  
DATE FILED OCT 6 1951

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.....  
Student Embalmer

Signed W. Crawford Smith

Licensed Embalmer No. 2814

P. O. Address Hannibal Missouri

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.