

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32699**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1108

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town/ship) St. Joseph		c. LENGTH OF STAY (in this place) 3 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		e. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117	
		d. STREET ADDRESS (If rural, give location) 1215 Sylvania St.	

3. NAME OF DECEASED (Type or Print) Fnsworth			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) October 26, 1951			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 21, 1867			9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) proprietor				10b. KIND OF BUSINESS OR INDUSTRY antique shop				11. BIRTHPLACE (State or foreign country) Platte City, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Thomas Herndon			13b. MOTHER'S MAIDEN NAME Adelaide Dunlan			14. NAME OF HUSBAND OR WIFE George Watt		
---	--	--	---	--	--	---	--	--

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. ---		17. INFORMANT'S SIGNATURE OR NAME Miss. Emily Watt, 1215 Sylvania, St. Joseph, Mo				ADDRESS 1215 Sylvania, St. Joseph, Mo	
--	--	---------------------------------------	--	---	--	--	--	---	--

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) Plaque fracture INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Coronary thromboses 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. E9000						INTERVAL BETWEEN ONSET AND DEATH 30 min	
---	--	--	--	--	--	--	--	---	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 131 21				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	---	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Buchanan, Missouri	
21d. TIME OF INJURY 10/23/51 ? pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Lost balance and fell down one flight stairs.	

22. I hereby certify that I attended the deceased from 10/24, 1951, to Oct 26, 1951, that I last saw the deceased (alive) on Oct 26, 1951, and that death occurred at 7:20P. m., from the causes and on the date stated above.

23a. SIGNATURE Walter W. ...		(Degree or title)		23b. ADDRESS ...		23c. DATE SIGNED 10/29/51	
--	--	-------------------	--	----------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/29/1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
--	--	--------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. Nov. 2, 1951		REGISTRAR'S SIGNATURE Carl C. Castle		25. FUNERAL DIRECTOR'S SIGNATURE Heaton's Bowman Funeral Home		ADDRESS St. Joseph, Mo.	
---	--	--	--	---	--	-----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

117
0

FILED NOV 5 1951

NOV 29 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.....

James P. Hawkins

Licensed Embalmer No. 4531

P. O. Address 319 South 10th St. Jax

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.