

No. 300
10.487

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2052**

FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **3045** Registrar's No. **12**

672

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

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
c. LENGTH OF STAY (in this place) 15 Years		d. STREET ADDRESS (If rural, give location) 612 Naomi St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 612 Naomi St.			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W c. (Last) Watson			4. DATE OF DEATH (Month) (Day) (Year) January, 27, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 25, 1882		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (State or foreign country) Blodgett, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME No Record	
14. MOTHER'S MAIDEN NAME No Record		15. NAME OF HUSBAND OR WIFE Minnie Watson		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Minnie Watson, Charleston, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	

13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Minnie Watson	
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. None		17. INFORMANT'S SIGNATURE OR NAME Minnie Watson, Charleston, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Heart Disease		1 month	
ANTECEDENT CAUSES		DUE TO (b) Cardiac decompensation		3 Months	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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 **Oct**, 1951, to **26 Jan**, 1952, that I last saw the deceased alive on **26 Jan**, 1952, and that death occurred at **7:00P** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/29/52		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Charleston, Mo		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		25. ADDRESS The Nunnelee Funeral Chapel, Charleston, Mo.	
DATE REC'D BY LOCAL REG. Jan 29 - 1952		REGISTRAR'S SIGNATURE Mrs. Lee Kilgus 434		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	

APR 12 1952

JAN 30 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed FEB 1 1952

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 Edward E. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.