

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12419

State File No.

FILED APR 24 1952

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5298 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD Stewartsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0250</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>WATSON</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>5</u> (Year) <u>52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 1/1865</u>
9. AGE (in years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Bloomington Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>/</u>	

13a. FATHER'S NAME <u>Russell C. Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Jane Alverson</u>		14. NAME OF HUSBAND OR WIFE <u>Lizzie Lee Watson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geo. Belcher Stewartsville, Mo.</u> ADDRESS	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>3 days</u>
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Insufficiency</u>		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		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 7-3, 1952, to 4-5, 1952, that I last saw the deceased alive on 4-5-52, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. King</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Stewartsville, Mo.</u>		23c. DATE SIGNED <u>4-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/6/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stewartsville</u>	
24d. LOCATION (City, town, or county) (State) <u>Stewartsville Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Apr. 14, 1952</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seabee</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Summersfield</u> ADDRESS <u>Stewartsville Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

250
1

MAY 25 1958

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. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, 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.