

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13597

State File No. _____
Registrar's No. _____

FILED APR 16 1952

BIRTH NO. 22668 REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322

652

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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. LENGTH OF STAY (In this place) 129000.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital		d. STREET ADDRESS (If rural, give location) Princeton, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) KAREN	b. (Middle) SUE	c. (Last) WATSON	4. DATE OF DEATH (Month) (Day) (Year) April 4-52
---	---------------------------	----------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH April 3-52	9. AGE (In years last birthday) IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN. 12
-------------------------	----------------------------------	---	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Princeton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	---

13a. FATHER'S NAME Vane Watson	13b. MOTHER'S MAIDEN NAME Mary Tipton	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Vane Watson	ADDRESS Newtown, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 7544
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Apr 3, 1952, to Apr 4, 1952, that I last saw the deceased alive on Apr 4, 1952, and that death occurred at 1:25 A m., from the causes and on the date stated above.

23a. SIGNATURE Marian Lambert MD	(Degree or title)	23b. ADDRESS Princeton, Mo.	23c. DATE SIGNED 4/4/52
--	-------------------	---------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-5-52	24c. NAME OF CEMETERY OR CREMATORY Edinburg Ceme.	24d. LOCATION (City, town, or county) (State) Grundy Co. Mo.
--	----------------------------	---	--

DATE REC'D BY LOCAL REG. 4-8-52	REGISTRAR'S SIGNATURE Paul [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Martin Funeral Home	ADDRESS Princeton, Mo.
---	--	--	----------------------------------

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John Martin* _____

Licensed Embalmer No. *3760* _____

P. O. Address *Quincy, 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.