

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17108**

Lizzie Watson, BIRTH NO. **50** MAY 27 1952 REG. DIST. NO. **171** PRIMARY REG. DIST. NO. **4266** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Lafayette**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Wellington** c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **1 bl. N. Highway 24**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Lafayette**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Wellington** **0540**
d. STREET ADDRESS (If rural, give location) **1 bl. N. Highway 24** **0**

3. NAME OF DECEASED
a. (First) **LIZZIE** b. (Middle) **WATSON** c. (Last) **WATSON** d. DATE OF DEATH (Month) (Day) (Year) **May 6, 1952**

5. SEX **Female** **3** **6. COLOR OR RACE** **Colored** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Widowed** **2** **8. DATE OF BIRTH** **Nov. 13, 1870** **9. AGE (In years last birthday)** **81** **IF UNDER 1 YEAR** Months **0** Days **0** **IF UNDER 2 HRS.** Hours **0** Min. **0**

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

13a. FATHER'S NAME **George Rice** **13b. MOTHER'S MAIDEN NAME** **Cynda (NO Record)** **14. NAME OF HUSBAND OR WIFE** **Jesse Watson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **No** **16. SOCIAL SECURITY NO.** **No** **17. INFORMANT'S SIGNATURE OR NAME** **Garlee Hannah** **ADDRESS** **Wellington, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
INTERVAL BETWEEN ONSET AND DEATH **1770.**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertention** **3 1/2 yrs.**
DUE TO (c) **Arteriosclerosis** **10 1/2 yrs.**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **33IX** **19b. MAJOR FINDINGS OF OPERATION** **33IX** **20. AUTOPSY?** YES NO

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) (Minute) **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from **JANUARY, 1949, to May 6, 1952, that I last saw the deceased alive on** **May 6, 1952, and that death occurred at** **10 A. m., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **23b. ADDRESS** **23c. DATE SIGNED**
Wellington, Mo. **5-7-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** **24c. NAME OF CEMETERY OR CREMATORY** **24d. LOCATION (City, town, or county) (State)**
Burial **5/11/52** **Colored Cemetery** **Wellington, Missouri**

DATE REC'D BY LOCAL REG. **5-7-52** **REGISTRAR'S SIGNATURE** **453** **2. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**
Emma Davidson **Wellington, Missouri**

(Licensed Embalmer's Statement on Reverse Side)

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

0540
1

AUG 13 1953

AUG 23 1953

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.....

J. Clair & Hayward

Licensed Embalmer No. *4179*

P. O. Address *Wellington, Mo.*

Signed.....
Student Embalmer

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.