

STANDARD CERTIFICATE OF DEATH

23732

State File No.

809

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>1117</u>	
c. LENGTH OF STAY (In this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>811 South 17th St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>811 South 17th St.,</u>		d. STREET ADDRESS <u>811 South 17th St.,</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>CHARLES</u>	b. (Middle) <u>LEO</u>	c. (Last) <u>WATSON</u>	(Month) <u>7</u>	(Day) <u>23</u>	(Year) <u>52</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/30/1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 24 HRS. Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CB&Q R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James Watson</u>	13b. MOTHER'S MAIDEN NAME <u>Luizza Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Bertie Watson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>491-09-7132</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Archie E. Watson, 811 S. 17th St.,</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>70 yrs</u> <u>30 yrs</u> <u>48 hrs</u> <u>10 da.</u>
	MEDICAL CERTIFICATION <u>Chs. Pulmonary Hypertension</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chs. Bronch Asthma</u> DUE TO (c) <u>Chs. Bronch Asthma</u> <u>Acute Pulmonary Edema</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Nephritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>241X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7/15, 1952, to 7/23, 1952, that I last saw the deceased alive on 7/23, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. J. ...</u>	(Degree or title)	23b. ADDRESS <u>734 ...</u>	23c. DATE SIGNED <u>7/15/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 1, 1952</u>	REGISTRAR'S SIGNATURE <u>Paul C. Cash</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stark Funeral Home</u>	ADDRESS <u>120 1/2 Ave St Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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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.....

Bill J. Shamus

Signed.....

Student Embalmer

Licensed Embalmer No. *4679*

P. O. Address *St. Joseph, 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.