S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1952

State File No. 25247

BIRTH NO. 43652 REG. DIST. NO. 267 PRIMARY-REG. DIST. NO. 3049 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Pemiscot 078
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hayti Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Pemiscot 078
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portageville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Virginia
b. (Middle): Kay
c. (Last): Watson

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: July 21, 1952
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 1 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: Carl G. Watson
13b. MOTHER'S MAIDEN NAME: Anita Bell James
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Carl Watson
ADDRESS: Portageville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra Cranial Hemorrhage — Interval between onset and death: 12 hrs.

ANTECEDENT CAUSES — Probably —
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) toxemia of Pregnancy — 4 mo
DUE TO (c) Avitaminosis — 3 mo
especially K.

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
7600 D
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) m.
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* 7-21, 1952 *to* 7-22, 1952 *that I last saw the deceased alive on* 7-22, 1952 *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Hayti Mo.
23c. DATE SIGNED: 7-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-23-52
24c. NAME OF CEMETERY OR CREMATORY: Wardell Memorial
24d. LOCATION (City, town, or county) (State): Wardell, Mo.

DATE REC'D BY LOCAL REG.: 7-30-52
REGISTRAR'S SIGNATURE: John W. Herman
25. FUNERAL DIRECTOR'S SIGNATURE: Jimmy Osburn Funeral Home
ADDRESS: Wardell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

7-52-241
Rec. JUL 31 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 Body was Not Embalmed Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed James G. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.