

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27108**

FILED SEP 3 - 1952

BIRTH NO. _____ REG. DIST. NO. **25** PRIMARY REG. DIST. NO. **4036** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY BATES 0070		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES 1070	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL 0	
c. LENGTH OF STAY (in this place) 65 YRS.		d. STREET ADDRESS (If rural, give location) 218 WEST PINE ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 218 WEST PINE ST.		d. STREET ADDRESS 218 WEST PINE ST.	

3. NAME OF DECEASED (Type or Print) a. (First) JESSE b. (Middle) LEE c. (Last) WATSON.	4. DATE OF DEATH AUGUST-25-1952. (Month) (Day) (Year)
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH SEPT. 28-1882.	9. AGE (In years) 69 last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.	10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING.	11. BIRTHPLACE (State or foreign country) MISSOURI 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME THOMAS WATSON.	13b. MOTHER'S MAIDEN NAME ELLEN THOMPSON	14. NAME OF HUSBAND OR WIFE CHARA WATSON.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY 495-01-8939	17. INFORMANT'S SIGNATURE OR NAME Max Pharis Watson - Rich Hill Mo.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spinal Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH Short
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & heart disease		
	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 4221	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) (Min.)	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 **Jan 1882**, to **Aug 25 1952**, that I last saw the deceased alive on **Aug 24 1952**, and that death occurred at **Rich Hill, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE Donald G. Olson M.D. (Degree or title)	23b. ADDRESS Rich Hill Mo	23c. DATE SIGNED Aug 27 1952
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24a. BURIAL CREMA: FROM REMOVAL (Specify) BURIAL	24b. DATE AUGUST 27-1952	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI
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DATE REC'D BY LOCAL REG. Burial	REGISTRAR'S SIGNATURE Mrs. Edward D. Booth	25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Service	ADDRESS Rich Hill, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Robert G. Steinbeck

Licensed Embalmer No. *4657*

P. O. Address..... *Butler, 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.