

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31970

State File No. _____

355

FILED SEP 16 1952

BIRTH NO. _____

REG. DIST. NO. 146

PRIMARY REG. DIST. NO. 3026

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. LENGTH OF STAY (In this place) 21 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		04-85
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 E. White Oak			d. STREET ADDRESS (If rural, give location) 209 E. White Oak		
3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) Watson c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1952		
5. SEX 3 Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 18, 1908	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Glasgow, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ben Watson		13b. MOTHER'S MAIDEN NAME Odell Reece	14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Odell Berry ADDRESS 209 E. White Oak			
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peptic ulcer				INTERVAL BETWEEN ONSET AND DEATH 2 months
	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. Malnutrition				2 1/2 Months
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 5400			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) _____			
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? _____			
22. I hereby certify that I attended the deceased from June 20, 1952 to Aug 29, 1952 , that I last saw the deceased alive on Aug 29, 1952 and that death occurred at 9:15 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE D.W. Lawrence (Degree or title) M.D.			23b. ADDRESS 119 E. Fernwood		23c. DATE SIGNED 9-3-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/4/52	24c. NAME OF CEMETERY OR CREMATORY Glasgow	24d. LOCATION (City, town, or county) (State) Glasgow, Missouri		
DATE REC'D BY LOCAL REG. 9-4-52	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. Funeral Home ADDRESS _____		

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

K.C. No 18th & Benton

W. H. ...

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.....

Licensed Embalmer No.....

P. O. Address.....

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.