No. 300
10-48

FILED NOV 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34551

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY COOPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOONVILLE
c. LENGTH OF STAY (in this place) 2 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST-JOSEPH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY COOPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOONVILLE 0272
d. STREET ADDRESS (If rural, give location) 814 S-4TH-ST

3. NAME OF DECEASED (Type or Print)
a. (First) CORRINE
b. (Middle) JENNIE
c. (Last) WATSON

4. DATE OF DEATH (Month) OCT (Day) 31 (Year) 52

5. SEX FEMALE 3
6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH OCT-2 1889
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE ROBTERT-WATSON

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 NO. —
17. INFORMANT'S SIGNATURE OR NAME ROBERT-WATSON ADDRESS BOONVILLE MO. 814-S 4TH ST

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) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 6 weeks

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.

19a. DATE OF OPERATION 10/28/52
19b. MAJOR FINDINGS OF OPERATION Multiple metastases of liver
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* Oct 24, 1952, *to* Oct 31, 1952, *that I last saw the deceased alive on* Oct 30, 1952, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. W. Wilson M.D. (Degree or title)
23b. ADDRESS Boonville, Mo
23c. DATE SIGNED 11/[illegible]/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE NOV-3-52
24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY
24d. LOCATION (City, town, or county) BOONVILLE, COOPER (State) MO

DATE REC'D BY LOCAL REG. 11-2-52
REGISTRAR'S SIGNATURE D. E. Hooper
25. FUNERAL DIRECTOR'S SIGNATURE [illegible] Parker **ADDRESS** Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Stuart J. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.