

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

384666

FILED NOV 28 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228 Registrar's No. 25

0450
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Mo. 0611</u>	
c. LENGTH OF STAY (In this place) <u>10 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>304 East Bowie</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>GARVIN ERNEST WATSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 1952</u>	
a. (First)		b. (Middle)	
c. (Last)			

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 15, 1912</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months	IF UNDER 6 MOS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Mins.
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10. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Car Body Repair</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>	11. BIRTHPLACE (City and State or foreign Country) <u>Albany Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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12a. FATHER'S NAME <u>Oscar E. Watson</u>	13b. MOTHER'S MAIDEN NAME <u>Opal Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Helen E. Wells</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes or No, if unknown) (If yes, state part or department service) <u>Yes U.S. II</u>	16. SOCIAL SECURITY NO. <u>40-111111</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Wells Watson</u>	ADDRESS <u>Macon Mo</u>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u>
	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	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from 11-9-1952 to 11-9-1952, that I last saw the deceased alive on 11-9-1952 and that death occurred at 5:25 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. J. J. J.</u> (Degree or title)	23b. ADDRESS <u>Glasgow Mo</u>	23c. DATE SIGNED <u>11-17-52</u>
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24. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>Nov 11, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 17, 1952</u>	REGISTRAR'S SIGNATURE <u>Walker Audsley</u>	4110 F. FUNERAL DIRECTOR'S SIGNATURE <u>Audsley</u> ADDRESS <u>Frimonth Glasgow Mo</u>
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DEC 5 1952

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 Ed Guimont

Licensed Embalmer No. 3978

P. O. Address Glendon, 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.