

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20200**

FILED MAY 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **1308**

400X  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>INDIANA</b> b. COUNTY <b>HARRICKCO</b>				
b. CITY OR TOWN <b>OVERLAND</b>		c. LENGTH OF STAY (In this city or township) <b>8 MONTHS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BOONEVILLE</b>		8130		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9028 FOREST AVE.</b>				d. STREET ADDRESS (If rural, give location) <b>RR #1 NEWBURGH</b>				
3. NAME OF DECEASED a. (First) <b>SIDNEY</b> b. (Middle) <b>ELVAN</b> c. (Last) <b>WATSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 9 1953</b>					
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 4 1884</b>		9. AGE (In years last birthday) <b>68</b>	if UNDER 1 YEAR Months Days	if UNDER 12 mos. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED SCHOOL TEACHER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PUBLIC SCHOOL</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>RICHMOND INDIANA</b>		12. COUNTRY OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>DAVID WATSON</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH JANE DAY</b>		14. NAME OF HUSBAND OR WIFE <b>FERN O WATSON</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>FERN O WATSON Booneville INDIANA</b>				
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>(PROBABLY) CARCINOMA of Lung</b>				INTERVAL BETWEEN ONSET AND DEATH <b>MONTHS</b>
				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 <b>ARTERIOSCLEROSIS.</b>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				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) (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 <b>1 APR. 1 1953</b> to <b>9 MAY 1953</b> , that I last saw the deceased alive on <b>9 MAY 1953</b> , and that death occurred at <b>6:21 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Vaul R. Whitener M.D.</b> (Degree or title)				23b. ADDRESS <b>8923 Midland, St Louis 8 MO</b>		23c. DATE SIGNED <b>9 May 1953</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>5-10-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE GROVE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>BOONEVILLE INDIANA</b>			
DATE REC'D BY LOCAL REG. <b>5-10-53</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dumb...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earl Silleman Overland MO</b>				

P.T. (Licensed Embalmer's Statement on Reverse Side)

**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 Earl A. Hillerman

Licensed Embalmer No. 3501

P. O. Address OVERLAND MISSOURI

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.