

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**23580**

State File No. ....

**FILED JUL 10 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **2074** Registrar's No. **102**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Scott</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>Scott</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Airport Add. Sikeston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>	
c. LENGTH OF STAY (in this place) <b>1 Hour</b>		d. STREET ADDRESS (If rural, give location) <b>431 E. Kathleen</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Airport Add. Sikeston</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Louis</b>	b. (Middle) <b>Samuel</b>	c. (Last) <b>Watson</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June, 29, 1953</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 11, 1915</b>	<b>9. AGE</b> (In years last birthday) <b>38</b>	# UNDER 1 YEAR Months   Days	# UNDER 2 HRS. Hours   Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Shoe Making</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Marion, Ky.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>George Watson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Annie Long</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ruby Watson</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>491-16-3535</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs Annie Bryant, Cape Girardeau, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Gunshot wound, self inflicted</b>	<b>100</b>
	<b>ANTECEDENT CAUSES</b>	
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>976x</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Suicide</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>RD 2, Sikeston, Mo.</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Scott Mo.</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:30P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Thelma C. Bush, M.D. Health Officer</b>	<b>23b. ADDRESS</b> <b>Benton, Mo.</b>	<b>23c. DATE SIGNED</b> <b>7-2-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>7/1/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>I.O.O.F. Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Charleston, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-3-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Edna Hunter</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>The Lunnellee Funeral Chapel, Charleston, Mo.</b>
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JUL 6 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 753-152

NOV 28 1958

**STATEMENT BY LICENSED EMBALMER**

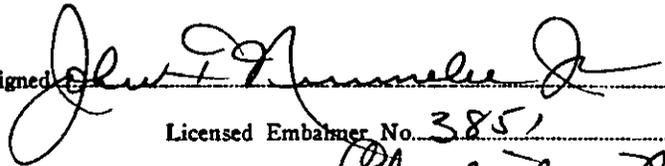
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3851

P. O. Address Charleston, 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.