No. 300
10.48

FILED JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24005

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 779

0

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 52 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117 0
d. STREET ADDRESS (If rural, give location): 121 South 17th St.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Robert Smith Watson

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Jan, 14, 1874
9. AGE (In years last birthday): 79 — 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): retired fire captain
10b. KIND OF BUSINESS OR INDUSTRY: city fire dept.
11. BIRTHPLACE (City and State or Foreign Country): Stewartsville, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Benjamin F. Watson
13b. MOTHER'S MAIDEN NAME: Rose Wright
14. NAME OF HUSBAND OR WIFE: Cora Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: C.C.Watson, Weehawken, N.Jersey

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma 3 lumbar spine — April 29/53
DUE TO (c) Metastasis from Prostate — 7/10/53

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 177X
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* April 29, 1953, *to* July 10, 1953, *that I last saw the deceased alive on* July 10, 1953, *and that death occurred at* 6:45 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hooker N. Tompson D.O.
23b. ADDRESS: 418 Kirkpatrick Bldg. City
23c. DATE SIGNED: 7/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/14/53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

DATE REC'D BY LOCAL REG.: July 15, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Heaton Bowman Funeral Home St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 1954

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 James D. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 So 10th St. Tacoma

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.