

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

41858

State File No. 55

FILED DEC 14 1953

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Milan, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harris - Rural</u>	
c. LENGTH OF STAY (If this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>Clay Twp.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sullivan County Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Jahue</u> c. (Last) <u>Watson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 6 1953</u>		
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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>1-13-1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>us</u>
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13a. FATHER'S NAME <u>Andrew Watson</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie M. Collins</u>	14. NAME OF HUSBAND OR WIFE <u>Dean Watson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Jean Watson</u>	ADDRESS <u>Harris 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		<u>7 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Dehydration & Malnutrition</u> DUE TO (c) <u>Cerebral thrombosis with left sided hemiplegia</u>		<u>7 days</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes, advanced arteriosclerosis, secondary hypertension, albuminuria, hematuria, hyperproteinemia</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>332X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-28, 1953, to 12-6, 1953, that I last saw the deceased alive on 12-6, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph E. Prothro</u>	23b. ADDRESS <u>217 E. Second St., Milan, Mo.</u>	23c. DATE SIGNED <u>12-10-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harris Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harris Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-11-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoelley</u>	ADDRESS <u>1114 W. 110</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12/12/12

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 Dwight Debeaux

Licensed Embalmer No. 2667

P. O. Address Milan - 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.