

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1954

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 4002 Registrar's No. 9

| | | | |
|---|-----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Knox</u> | |
| b. CITY OR TOWN <u>Brashear</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Edina, Missouri</u> <u>0520</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |

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|-------------------------------------|-------------------------|------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Allen</u> | b. (Middle) <u>Ray</u> | c. (Last) <u>Watson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1954</u> |
|-------------------------------------|-------------------------|------------------------|-------------------------|---|

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|-----------------|---------------------------|---|--------------------------------------|---|-----------------------|-----------------------|---------------------|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Aug. 8, 1934</u> | 9. AGE (in years last birthday) <u>19</u> | # UNDER 1 YEAR Months | # UNDER 24 HRS. Hours | # UNDER 1 MIN. Min. |
|-----------------|---------------------------|---|--------------------------------------|---|-----------------------|-----------------------|---------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad serviceman</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Edina, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Ray R, Watson</u> | 13b. MOTHER'S MAIDEN NAME <u>Bertha Allen</u> | 14. NAME OF HUSBAND OR WIFE <u>none</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. <u>491-34-9595</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ray Watson</u> | ADDRESS <u>Edina, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | |
| | 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. | | | |

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| 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) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brashear Adair Mo</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 14 1954 3:15 A.M.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Automobile accident</u> |
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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 3:15 A.M., from the causes and on the date stated above.

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|--|---------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>D. Grossnickel, acting coroner</u> | 23b. ADDRESS <u>3 Kirksville, Mo.</u> | 23c. DATE SIGNED <u>1-14-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>January 17, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Linville Cemetary</u> | 24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1-17-54</u> | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Primer</u> | ADDRESS <u>Edina, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80103

1951 8 2 Niff

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 *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina, 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.