

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

2185

State File No.

FILED FEB 8 1954

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 3048 Registrar's No. 661

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Madaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u> | |
| c. LENGTH OF STAY (in this place) <u>1 da</u> | | d. STREET ADDRESS (If rural, give location) <u>617 S. Main</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>A.</u> c. (Last) <u>Watson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-1954</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>83</u> |
| 9. AGE (In years last birthday) <u>83</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>housewife</u> |
| 11. BIRTHPLACE (State or foreign country) <u>Pickering - Mo -</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |

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| 13a. FATHER'S NAME <u>William Hewitt</u> | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Garton</u> | 14. NAME OF HUSBAND OR WIFE <u>Geo W. Watson - deceased</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>H. G. Watson - Maryville - Mo -</u> | ADDRESS <u>_____</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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crownary occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility + arteriosclerosis</u> 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 <u>4201</u> | 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) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 1-26, 1954, to 1-29, 1954, that I last saw the deceased alive on 1-29, 1954, and that death occurred at 4 p. m., from the causes and on the date stated above.

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|------------------------------------|-----------------------------|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>H. Bauman MD</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Maryville Mo</u> | 23c. DATE SIGNED <u>1/30/54</u> |
|------------------------------------|-----------------------------|----------------------------------|---------------------------------|

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|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 11 - 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Jamesport Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Jamesport Mo -</u> |
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| DATE REC'D BY LOCAL REG. <u>2-6-54</u> | REGISTRAR'S SIGNATURE <u>Bess Holt 229</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. ...</u> | ADDRESS <u>Maryville Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

FEB 25 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

H. M. Atchison

Licensed Embalmer No. *2379*

P. O. Address *Maryville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.