

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26384

State File No.

FILED AUG 23 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 887

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

c. LENGTH OF STAY (in this place) most of life

c. CITY OR TOWN St. Joseph

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital

e. STREET ADDRESS (If rural, give location) 423 1/2 S. 9th St.

3. NAME OF DECEASED
a. (First) MaNetta b. (Middle) _____ c. (Last) Watterson

4. DATE OF DEATH (Month) (Day) (Year) August 9, 1954

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH February 22, -1869

9. AGE (In years last birthday) 85 If UNDER 1 YEAR Months _____ Days _____ If UNDER 10 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and State or Foreign Country) Stradford Ontario, Canada

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Cooper

13b. MOTHER'S MAIDEN NAME Margaret Armstrong

14. NAME OF HUSBAND OR WIFE J. L. Watterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Miss Jo Watterson ADDRESS 423 1/2 S. 9th St., St. Joseph, Mo

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral edema
contusion of head
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of cervical vertebra
DUE TO (c) accident
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fracture of wrist E9000
21

INTERVAL BETWEEN ONSET AND DEATH
3 days

19a. DATE OF OPERATION 8-3-54

19b. MAJOR FINDINGS OF OPERATION Fractured Wrist

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 3, 1954 4:30 A.M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Fell down stairs - at night.

22. I hereby certify that I attended the deceased from 8-3, 1954, to 8-9, 1954, that I last saw the deceased alive on 8-9, 1954, and that death occurred at 1:05p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Jorgensen, M.D.

23b. ADDRESS St Joseph, Mo

23c. DATE SIGNED 8-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 8/12/1954

24c. NAME OF CEMETERY OR CREMATORY Marysville Cemetery

24d. LOCATION (City, town, or county) (State) Marysville, Kansas

DATE REC'D BY LOCAL REG. Aug 12, 1954

REGISTRAR'S SIGNATURE Lothar M. Allison 485

25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman ADDRESS St Joseph, Mo

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

Mr. Ferguson

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.....
Signature of Student Embalmer

Signed *James P. Hawkins*.....

Licensed Embalmer No...*45*...

P. O. Address *319 So. 10th*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.