

10.48

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30038

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>5215</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>CALIFORNIA</u> b. COUNTY <u>Fresno</u>					
b. CITY OR TOWN <u>Rural - Kelly Twp.</u>		c. LENGTH OF STAY (in this place) <u>4 hrs</u>		c. CITY OR TOWN <u>Sanger</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Big Spring State Park</u>				e. STREET ADDRESS (If rural, give location) <u>1504 J. Street 804⁰ 8</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Beverly</u>		b. (Middle) <u>Jean</u>		c. (Last) <u>WATHEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 1954</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>June 4 1944</u>			
9. AGE (in years last birthday) <u>10 4 1</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Union Town - Kentucky</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edward WATHEN</u>		13b. MOTHER'S MAIDEN NAME <u>Maynie Davis</u>		14. NAME OF HUSBAND OR WIFE _____			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maynie Davis WATHEN Sanger Calif.</u>					
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUFFOCATION</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Drowning</u>					
				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>E9294</u> <u>42</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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>Big Spring State Park</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kelly Twp. Carter MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 5-54 8:30 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>Accidently Walked into Swift Water</u>					
22. I hereby certify that I attended the deceased from <u>Dead at Arrival</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Clemens McSpadden</u> (Degree or title) <u>Clerk</u>				23b. ADDRESS <u>Van Buren Mo</u>		23c. DATE SIGNED <u>10-5-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-5-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow</u>		24d. LOCATION (City, town, or county) (State) <u>Morganfield, KY</u>			
DATE REC'D BY LOCAL REG <u>Oct. 5-1954</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitser Funeral Home</u>		ADDRESS <u>Morganfield Ky</u>			

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

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.....
Allen C. McSpencer

Licensed Embalmer No. *457*

P. O. Address.....
Van Buren

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.