

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37255**

0420
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BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 62

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton Rural Route 1.</u> | |
| c. LENGTH OF STAY (in this place) <u>66 Yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>0479</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Anne</u> c. (Last) <u>Watson</u> | | 4. DATE OF DEATH (Month) <u>12</u> (Day) <u>7</u> (Year) <u>54</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>3/10/1888</u> |
| 9. AGE (In years last birthday) <u>66</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Graniteville Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>James Mayes</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Liggett</u> | 14. NAME OF HUSBAND OR WIFE <u>Roy Watson Deceased</u> |
| 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>Opal Johnson Ironton, Mo RR#1</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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> 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. | |
| 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) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u> | |
| 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 <u>Nov. 15, 1954</u> , to <u>Dec 7, 1954</u> , that I last saw the deceased alive on <u>Dec. 7, 1954</u> , and that death occurred at <u>8:12</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J.H. McIntosh M.D.</u> | | 23b. ADDRESS <u>Ironton Mo.</u> | 23c. DATE SIGNED <u>12-7-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/10/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>K.P. Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Ironton Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>12-8-54</u> | REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harrell Funeral Home Ironton</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed C. C. Howell

Licensed Embalmer No. 3670

P. O. Address Wilton, Mass

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.