

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38433

FILED NOV 29 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3008 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If information: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>	c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN <u>Elsbury</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>St Joseph Hospital</u>		STREET ADDRESS (If nat. give location) <u>310 S 3rd St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OAK</u> b. (Middle) <u>GROVER</u> c. (Last) <u>WATSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 24, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCE (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 25 1888</u>	9. AGE (In years last birthday) <u>66</u> 10. MONTHS <u>8</u> 11. DAYS <u>29</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packery Emp</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Labourer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Elsbury Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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12a. FATHER'S NAME <u>John Watson</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Childs</u>	4. NAME OF HUSBAND OR WIFE <u>Edith Watson</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Watson</u> ADDRESS <u>195 3rd St Elsbury Mo</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerotic Cardiovascular Disease</u>		<u>5 yrs.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myxedema</u>		<u>5 yrs.</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 11-17, 1954, to 11-24, 1954, that I last saw the deceased alive on 11-23, 1954, and that death occurred at 6:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. L. Hamilton M.D.</u>	23b. ADDRESS <u>114 N. Main St. Charles Mo</u>	23c. DATE SIGNED <u>11-24-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 26, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Star Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov 23 1954</u>	REGISTRAR'S SIGNATURE <u>W. L. Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M & Coy</u> ADDRESS <u>Troy Mo</u>
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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.....
Wayne McLean

Licensed Embalmer No. 350

P. O. Address.....
Tracy

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.