

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 190

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 190					
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) 65 Yrs		c. CITY OR TOWN St. Joseph		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: Missouri Methodist Hospital				e. STREET ADDRESS (If rural, give location) 424 North 17th Street 0117 0							
3. NAME OF DECEASED (Type or Print) ELLA			a. (First)		b. (Middle) (none)		c. (Last) WATSON				
4. DATE OF DEATH February 15-1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 10th 1877			
9. AGE (In years last birthday) 77 Yrs		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife,		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Hodgenville, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Joseph Gore			13b. MOTHER'S MAIDEN NAME Lura Rogers			14. NAME OF HUSBAND OR WIFE Charles Watson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. R. Gore, Sister-in-law, Mulberry V 1808 ADDRESS							
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation				MEDICAL CERTIFICATION St. Joseph, Mo.		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Arteriosclerotic heart disease							
				DUE TO (c) Anemia							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION 25 Jan '55		19b. MAJOR FINDINGS OF OPERATION Normal apt, left ovary, large						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)							
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 22 Dec., 1955, to 15 Feb., 1955, that I last saw the deceased alive on 15 Feb., 1955, and that death occurred at 3:30a. m., from the causes and on the date stated above.											
23a. SIGNATURE Miller C. McDonald (Degree or title) M.D.				23b. ADDRESS 301 N. 8th St. St. Joseph, Mo.				23c. DATE SIGNED 16 Feb '55			
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE Febr. 16, 1955		24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		24d. LOCATION (City, town, or county) (State) Savannah, Missouri.					
DATE REC'D BY LOCAL REG. Feb 18, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Minchhoff & Flanagan 501 St. Joseph, Mo.							

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 *Raymond W. Herche*

Licensed Embalmer No... 4413.

P. O. Address St., Joseph, Mo.

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.