

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 16 1955

State File No. **11208**

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 119			
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lincoln					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (in this place) 33 yrs		c. CITY OR TOWN Troy		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION State Hospital Vol. Fulton				e. STREET ADDRESS (If rural, give location) Rural Route 0570					
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Jane c. (Last) Watson			4. DATE OF DEATH (Month) (Day) (Year) 5-9-1955						
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 5-1884			
9. AGE (In years last birthday) 70		10. MONTHS 11		10. DAYS 26		11. IF UNDER 1 YEAR 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 HOME		11. BIRTHPLACE (City and State or Foreign Country) Troy Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME W.S. Creech			13b. MOTHER'S MAIDEN NAME TAMER Kinion		14. NAME OF HUSBAND OR WIFE Thomas R. Watson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS State Hospital Records Fulton, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterio Sclerosis					
				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 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) m.		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 5-1- , 1955, to 5-9- , 1955, that I last saw the deceased alive on 5-9- , 1955, and that death occurred at 2:25 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) m J. Muller M.D.				23b. ADDRESS State Hospital Vol. Fulton		23c. DATE SIGNED 5-9-1955			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May-9-1955		24c. NAME OF CEMETERY OR CREMATORY St. Louis		24d. LOCATION (City, town, or county) (State) Troy Mo			
DATE REC'D BY LOCAL REG. May-9-1955		REGISTRAR'S SIGNATURE Martha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home		ADDRESS Fulton Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Daniel C. Browning*.....

Licensed Embalmer No. *273*

P. O. Address *Fulton,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.