

FILED JUN 6 1955

STANDARD CERTIFICATE OF DEATH

16121

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5842 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Newton Co.</u>		2. USUAL RESIDENCE (Where deceased lived, if different from place of death) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>Rural District</u>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>Joplin</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi NE. of Seneca</u>		e. STREET ADDRESS (If rural, give location) <u>48th &amp; Main St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Melugin</u> c. (Last) <u>Watson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1955</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>div.</u>	8. DATE OF BIRTH <u>Dec. 11, 1893</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter &amp; farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Wm. F. Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Killie McDaniel</u>		14. NAME OF HUSBAND OR WIFE _____			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecil Watson, 4001 1/2 Main Joplin 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 MIN.</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"/>	
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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>FARM</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton, Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-19-55 10:15</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Down by horse</u>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19 \_\_\_\_\_ to \_\_\_\_\_, 19 5/19, 19 55, that I last saw the deceased alive on \_\_\_\_\_, 19 \_\_\_\_\_, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lois Thompson</u>		23b. ADDRESS <u>Neosho, Mo</u>		23c. DATE SIGNED <u>5-23-55</u>	
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24a. BURIAL-CREMA-TION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burkhart Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Racine, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>5-26-55</u>	REGISTRAR'S SIGNATURE <u>Mrs Gene Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Bell, Seneca Mo</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

130  
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MISSOURI HEALTH UNIT

555-94  
6-3-55

ST. LOUIS, MISSOURI

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 *W. E. Bell*

Licensed Embalmer No. *211*

P. O. Address *St. Louis*

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.