

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19780**

FILED JUL 11 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **145**

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. CHARLES</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ELSBERRY</b>	
c. LENGTH OF STAY (In this place) <b>2 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>6570</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>192 TECUMSEH STR.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ELIZABETH</b>	b. (Middle) <b>S.</b>	c. (Last) <b>WATSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 5 1955</b>
-------------------------------------	-----------------------------	-----------------------	-------------------------	--

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL 12, 1877</b>	9. AGE (In years last birthday) <b>78</b>	10. UNDER 1 YEAR (Months) <b>2</b>	11. UNDER 1 MONTH (Days) <b>23</b>	12. UNDER 1 MILE (Hours) (Mins.)
-----------------	---------------------------	---	--	---	------------------------------------	------------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>IN OWN HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>OLNEY, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	---	--

13a. FATHER'S NAME <b>? KERN S</b>	13b. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>JESSE WATSON</b>
------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EDNA SCHELLERT</b>	ADDRESS <b>ST. CHARLES MO</b>
---	--	---	-------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Pancreas</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Indeterminate</b>
	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 <b>157 X</b>	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) (Min.)	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 **June 27, 1955**, to **July 5, 1955**, that I last saw the deceased alive on **July 5, 1955**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. J. Canty M.D.</b>	23b. ADDRESS <b>Dr. Charles Wm.</b>	23c. DATE SIGNED <b>July 5, 1955</b>
---	-------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>JULY 5, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>STAR HOPE CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ELSBERRY MO.</b>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>July 5, 1955</b>	REGISTRAR'S SIGNATURE <b>Francis Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Francis Hamilton</b>	ADDRESS <b>Elsberry, Mo.</b>
--	---	--	------------------------------

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

STATEMENT BY LICENSED EMBALMER

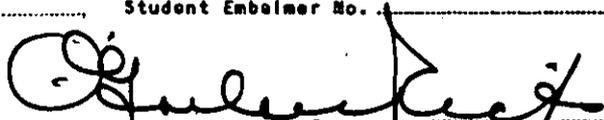
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....



Licensed Embalmer No. \_\_\_\_\_

4012

P. O. Address. \_\_\_\_\_

Elberry, 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 this body is not embalmed, fact should be so stated above.