0.300
0.48

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34443

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 572

0910

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

1. PLACE OF DEATH
a. COUNTY: RIPLEY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (in this place): 8 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DONIPHAN RT. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: RIPLEY
c. CITY OR TOWN: DONIPHAN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 2½ Miles E. of DONIPHAN

3. NAME OF DECEASED (Type or Print)
a. (First): CLETUS
b. (Middle): L.
c. (Last): WATSON

4. DATE OF DEATH (Month) (Day) (Year): OCT. 21 - 1955

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: AUG. 3-1892
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 2 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): TENNESSEE
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DOC WATSON
13b. MOTHER'S MAIDEN NAME: LAURA VAUGHN
14. NAME OF HUSBAND OR WIFE: GRACE 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: C.L. WATSON JR. SENATH - 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Sclerosis — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 10, 1955, *to* Oct. 21, 1955, *that I last saw the deceased alive on* Oct. 15, 1955 *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George O. Dunning MD
23b. ADDRESS: Kennett Mo
23c. DATE SIGNED: 10/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/23/55
24c. NAME OF CEMETERY OR CREMATORY: CUDE CEMETERY
24d. LOCATION (City, town, or county) (State): Senath - MISSOURI

DATE REC'D BY LOCAL REG.: 10-28-55
REGISTRAR'S SIGNATURE: C R Johnston 277 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Edwards Funeral Home DONIPHAN - MO.

(Licensed Embalmer's Statement on Reverse Side)

MAY 14 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene H Parre

Licensed Embalmer No. 48

P. O. Address Donip

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