

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39345

State File No.

FILED DEC 13 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2741

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mon</u>	
b. CITY OR TOWN <u>Fenton</u>		c. CITY OR TOWN <u>MAOLIN TWP</u>	
c. LENGTH OF STAY (in this place) <u>9 months</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>FENTON NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>MAOLIN Township, 8 miles S. W. of Caldonia</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louisa P.</u> b. (Middle) <u>Minnie</u> c. (Last) <u>Watson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20 1955</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 6, 1872</u>	9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Scotia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Luke Good</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Helms</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Watson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>4506</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chel Kindigsparger</u>	ADDRESS <u>Allen Park</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		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>A. S. Heart Disease</u> DUE TO (c) <u>Generalized Arterio-sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4300</u>	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from May, 1955, to Nov. 19, 1955, that I last saw the deceased alive on Nov. 19, 1955, and that death occurred at 6:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Beck M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Fenton, Mo.</u>	23c. DATE SIGNED <u>11/20/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bismarck, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-22-55</u>	REGISTRAR'S SIGNATURE <u>Wesley K. Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>	ADDRESS <u>Bismarck Mo.</u>
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(Licensed Embalmer - Signature on Reverse Side)

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

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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 *Lyle F. White*

Licensed Embalmer No. *4295*

P. O. Address *Denton*

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.