

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUL 12 1956 STANDARD CERTIFICATE OF DEATH

State File No. **21391**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **114**

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hayti</b>	c. LENGTH OF STAY (In this place) <b>3 Weeks</b>	c. CITY OR TOWN <b>Caruthersville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pemiscot County Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>501 Cotton</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Susan</b>	b. (Middle) <b>Frances</b>	c. (Last) <b>Watson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1956</b>
-------------------------------------	----------------------------	-------------------------------	----------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-21-1890</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>65</b>
-------------------------	----------------------------------	--	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kennett, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	--

13a. FATHER'S NAME <b>James F. Tatum</b>	13b. MOTHER'S MAIDEN NAME <b>Lillie Bragg</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Watson</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No X</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charley Watson Caruthersville, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Arteriosclerosis</b>		
	DUE TO (c) <b>Coronary Artery Disease</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Heart failure, cerebral anoxia</b>	

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) <b>4201</b>
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 **July 1956** to **June 20, 1956** that I last saw the deceased alive on **June 20, 1956** and that death occurred at **2:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Cairns</b>	23b. ADDRESS <b>Caruthersville</b>	23c. DATE SIGNED <b>6/26/56</b>
---	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-21-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Little Prairie</b>	24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Mo.</b>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>7-5-56</b>	REGISTRAR'S SIGNATURE <b>John H. German</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Osburn Funeral Home Wardell, Mo.</b>
---	--	---

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

7-171-56

JUL 11 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

SEP 11 1956

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 *James G. Padgett*  
Licensed Embalmer No. 4185

P. O. Address Wardell, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.