

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34312

STATE FILE NUMBER

FILED OCT 24 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1337

300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. L. Dwyer, M.D.

|   |                               |   |  |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>   |                               | c. CITY OR TOWN <b>KANSAS CITY</b>  |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1721 Benton Blvd.</b>  |                               | Length of stay in lb <b>19 yrs. 24</b>  |  |
| 3. NAME OF DECEASED (Type or print) <b>GEORGE MCCAIN WATSON</b>   |                               | 4. DATE OF DEATH <b>10/4/56</b>   |  |
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Dec. 11, 1887</b>        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>School System</b>  |  |
| 11. BIRTHPLACE (City and state or country) <b>Sanduski, Texas</b>   |                               | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |
| 13. FATHER'S NAME <b>Wallace Watson</b>   |                               | 14. MOTHER'S MAIDEN NAME <b>Learah Brown</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |                               | 16. SOCIAL SECURITY NO. <b>501-03-5524</b>  |  |
| 17. INFORMANT <b>Willie Ann Watson</b>  |                               | Address <b>1721 Benton</b>  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial insufficiency</b><br><br>Conditions, if any, which gave rise to above cause: (a) <b>Acute dilatation of right side of heart</b><br>DUE TO (b) <b>Cardiac hypertrophy</b><br>DUE TO (c) <b>Pulmonary congestion coronary sclerosis</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ |                               |   | INTERVAL BETWEEN ONSET AND DEATH <b>4201</b> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |                               |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 20f. CITY, TOWN, OR LOCATION  |                               | COUNTY STATE  |  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |   |  |
| 22a. SIGNATURE <b>H. L. Dwyer</b> (Degree or title) <b>MD</b>   |                               | 22b. ADDRESS <b>Health Officer</b>  |  |
| 22c. DATE SIGNED <b>10/8/56</b>   |                               |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                               | 23b. DATE <b>Oct. 8, 1956</b>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>  |                               | 23d. LOCATION (City, town, or county) (State) <b>Kans. City, Missouri</b>   |  |
| 24. FUNERAL DIRECTOR ADDRESS <b>WATKINS BROS. FN. HM. 18th &amp; Benton</b>   |                               | 25. DATE RECD. BY LOCAL REG. <b>10-8-56</b>   |  |
| 26. REGISTRAR'S SIGNATURE <b>New Marshall</b>   |                               |   |  |

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 *Bruce R. Watkins* .....

Licensed Embalmer No. *4* .....

P. O. Address *18th & 1/2* .....

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