

Health,  
Welfare  
Public  
Service

300  
1-56

Every coroner, physician, or other person who registers a death must be licensed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38296  
STATE FILE NUMBER  
1955

FILED NOV 28 1956

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

|   |                           |   |   |  |   |  |   |
|---|---------------------------|---|---|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |                           |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>KANSAS CITY  |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY OR TOWN KANSAS CITY  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br>Downtown Hospital  |                           |   | Length of stay in 18 months<br>50 YEARS   |  | d. STREET ADDRESS<br>320 WEST 11th STREET                             |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>CHARLES H WATSON  |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>NOV-12-1956   |  |   |  |   |
| 5. SEX<br>MALE  | 6. COLOR OR RACE<br>White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br>July 14, 1872  |   | 9. AGE (In years last birthday)<br>84  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Deputy Clerk   |                           | 100. KIND OF BUSINESS OR INDUSTRY<br>Probate Court  |   | 11. BIRTHPLACE (City and state or country)<br>Kansas   |   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |   |
| 13. FATHER'S NAME<br>ROBERT WATSON  |                           |   | 14. MOTHER'S MAIDEN NAME<br>LOUISA MARIA WILLIAMS   |  |   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>NO  |                           |   | 16. SOCIAL SECURITY NO.<br>-  | 17. INFORMANT<br>HELEN L. ROSE NICEVILLE FLORIDA   |   |  |   |
| 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) <u>Arteriosclerotic Heart Disease</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Generalized arteriosclerosis</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><u>Purpura thrombotica</u> |                           |   |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>1 yr<br>2 yrs<br>42 days                          |
| 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 7/19/54 to 11/12/56 and last saw him alive on 11/12/56<br>Death occurred at 6:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |   |  |   |  |   |
| 22a. SIGNATURE (Degree or title)<br>D. J. Cutcliff MD   |                           |   |   | 22b. ADDRESS<br>1222 McLean  |   | 22c. DATE SIGNED<br>11/14/56   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>CREMATION  |                           | 23b. DATE<br>Nov. 14, 1956  | 23c. NAME OF CEMETERY OR CREMATORY<br>D.W. NEWCOMER'S SONS                                  |  | 23d. LOCATION (City, town, or county) (State)<br>KANSAS CITY MISSOURI |  |   |
| 24. FUNERAL DIRECTOR<br>D.W. NEWCOMER'S SONS  |                           |   | ADDRESS<br>1331 K. C. Mo. Brush Creek Blvd  | 25. DATE RECD. BY LOCAL REG.<br>11-14-56   |   | 26. REGISTRAR'S SIGNATURE<br>Reva Minshall   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
D. J. Cutcliff

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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 *Raymond M. Hard*.....

Licensed Embalmer No. *49*

P. O. Address *Indep.*

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.