

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1957

STATE FILE NUMBER **5705**

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **04723**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN (INDEPENDENCE) Kansas City Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hospital Length of stay in 9 days		d. STREET ADDRESS 13106 E. 40. Highway (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Herbert R. Watrous First Middle Last			4. DATE OF DEATH December 28-1956 Month Day Year		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 4-1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Southwestern Bell Retired TEL. CO		11. BIRTHPLACE (City and state or country) Iowa	
12. CITIZEN OF WHAT COUNTRY? USA.			13. FATHER'S NAME ANDREW WATROUS		
14. MOTHER'S MAIDEN NAME EMMA ROBINSON			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. 486-03-7720			17. INFORMANT Mrs Joan Watrous Address 13106 E. 40 Highway		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) lobar Pneumonia, hypostatic		INTERVAL BETWEEN ONSET AND DEATH 1 day 8 day 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X		

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 Hour Month, Day, Year 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 Dec 1, 1940 to Dec 28, 1956 and last saw ^{her} _{him} alive on 12-28-56 Death occurred at 5:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Carl T. Moore (Name and title)		22b. ADDRESS 6425 E. 37 & K.C. 29, Mo	22c. DATE SIGNED 12-28-56	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE DEC. 31-1956	23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS ADDRESS 1331 BRUSH AVE. K.C. Mo		25. DATE RECD. BY LOCAL REG. 12-31-56	26. REGISTRAR'S SIGNATURE never missall

(Licensed Embalmer's Statement on Reverse Side)

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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc., must use only venous blood

Nov 4, 1967

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. Hardy*.....

Licensed Embalmer No. *44*.....

P. O. Address *Indigo*.....

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.