

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 45023

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5998</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>Putman Co., Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putman.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>York</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Putman</u>		d. STREET ADDRESS (If rural, give location) <u>Powersville, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) _____ c. (Last) <u>Watson</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1956</u>		5. SEX <u>Fe</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 13, 1876</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>		IF UNDER 1 HR. Hours _____ Min. _____	
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 _____		11. BIRTHPLACE (State or foreign country) <u>Putman Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James Hume</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Townsend</u>		14. NAME OF HUSBAND OR WIFE <u>Melvin A. Watson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tam Watson</u> ADDRESS <u>Putman Co., Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>Y</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4341	
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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>10:30</u> , to <u>Oct 26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Oct 26</u> , 19 <u>56</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. R. Ingraham M.D.</u> (Degree or title)				23b. ADDRESS <u>Sumner Doug</u>		23c. DATE SIGNED <u>10-31-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Powersville</u>		24d. LOCATION (City, town, or county) (State) <u>Powersville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-1-57</u>		REGISTRAR'S SIGNATURE <u>Marshall Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh S. Johnson</u> ADDRESS <u>Putman Co., Mo.</u>			

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

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 _____

myself.
.....
working under my personal supervision.

Student Embalmer No.

Signed *Kyle L. Johnson*
.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3487*
.....

P. O. Address *Centerville, La.*
.....

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 this body is not embalmed, fact should be so stated above.