

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1915

STATE FILE NUMBER

FILED FEB 14 1957

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Linn</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>		Length of stay in 1b <u>DOA</u>	d. STREET ADDRESS <u>416 W. Dake St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>PAUL EZRA WATSON</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>5</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 16, 1917</u>	9. AGE (In years last birthday) <u>39</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own service station</u>	11. BIRTHPLACE (City and state or country) <u>Ottumwa, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Otis D. Watson</u>			14. MOTHER'S MAIDEN NAME <u>Dora C. Kibler</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Mabel Watson, Brookfield, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of pancreas</u>					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <u>Liver & Stomach</u> <u>6 mo</u>	
					DUE TO (c) <u>gastro bleed</u> <u>2 mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>(Explosive operation 12/21/1956)</u>				
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		20g. COUNTY	
21. I attended the deceased from <u>Sept. 1, 1956</u> to <u>Feb. 5, 1957</u> and last saw her <u>Feb. 5, 1957</u> <u>10 AM</u> <u>10 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>John H. Lucas MD</u>			22b. ADDRESS <u>Brookfield Mo</u>		22c. DATE SIGNED <u>2/6/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		
<u>Buried</u>	<u>Feb. 7, 1957</u>	<u>Rest Haven</u>		<u>Brookfield, Mo.</u>		
24. FUNERAL DIRECTOR <u>Wright Funeral Home, Brookfield, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>2-6-57</u>	26. REGISTRAR'S SIGNATURE <u>Branche Owens</u>		

(Licensed Embalmer's Statement on Reverse Side)

alth, selfcare, blic, rvice

800 -56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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FEB 14 1957

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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 *Harold B. Wright*

Licensed Embalmer No. 37

P. O. Address *Brookfield*
Mo.

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.