

FILED APR 12 1957

## STANDARD CERTIFICATE OF DEATH

9013

STATE FILE NUMBER

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 192

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		a. STATE Missouri		b. COUNTY Jackson	
c. FULL NAME OF HOSPITAL OR INSTITUTION 1119 West Short		Length of stay in lb 6 years		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Lucy		Middle Frances		Last Watson		April 2 - 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH March-14-1860	
9. AGE (In years last birthday) 97		10. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Savanah - Illinois		12. CITIZEN OF WHAT COUNTRY? (usa)	
13. FATHER'S NAME Charles Thomas				14. MOTHER'S MAIDEN NAME Armenia La Glame			
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. none		17. INFORMANT Myrtle Grayless - Indeg. Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerotic Cardiovascular Disease							INTERVAL BETWEEN ONSET AND DEATH many years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
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.)				
20c. TIME OF INJURY			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		20h. STATE
21. I attended the deceased from 1949 to April 21 1957 and last saw her alive on April 1, 1957. Death occurred at about 3 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Charles Graboker, M.D.				22b. ADDRESS Independence, Mo.		22c. DATE SIGNED 4/2/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr-3-1957		23c. NAME OF CEMETERY OR CREMATORY Cuba Cemetery		23d. LOCATION (City, town, or county) Cuba Missouri	
24. FUNERAL DIRECTOR Roland R. Speaks - Indeg. Mo				25. DATE RECD. BY LOCAL REG. 4-3-57		26. REGISTRAR'S SIGNATURE James Gray	

(Licensed Embalmer's Statement on Reverse Side)

S. 300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *R. Kenneth Patterson*.....

Licensed Embalmer No. *469*.....

P. O. Address *Indy, W.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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