V.S. No. 300
Rev. 10-48

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11255

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2781

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

1. PLACE OF DEATH
a. COUNTY City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 20, Mo.
c. LENGTH OF STAY (in this place) 8 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 01 Res. 4911 Claxton Ave. 2079

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE St. Louis
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 4911 Claxton Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Mr. Samuel b. (Middle) Doty c. (Last) Watson

4. DATE OF DEATH (Month) (Day) (Year) March. 21, 1957

5. SEX M. 0
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec. 21, 1871
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and State or Foreign Country) Callaway County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas David Watson
13b. MOTHER'S MAIDEN NAME Rebecca Ann Ellis
14. NAME OF HUSBAND OR WIFE Ollie Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Lutie Frances Dove ADDRESS 4911 Claxton Ave. (20)

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH -?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pernicious anemia -?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? 2 YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 22, 1956, *to* Mar 21, 1957 *that I last saw the deceased alive on* Mar 20, 1957, *and that death occurred at* 9:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John G McTurney MD
23b. ADDRESS 5014 Shehla Av.
23c. DATE SIGNED 3/21/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE March 21, 1957
24c. NAME OF CEMETERY OR CREMATORY Benton City Cem.
24d. LOCATION (City, town, or county) (State) Benton City, Mo.

DATE REC'D BY LOCAL REG. MAR 21 '57
REGISTRAR'S SIGNATURE J Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arnold Funeral Home, Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. John G. McSwiney
5014 Thelka Ave.
St. LouBs 20, Mo.

MAR 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 2762

P. O. Address 6175 Delm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.